CERTIFICATE OF DEATH

Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND Carroll Maryland Mary's Co. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural) Sykesville, Md. Waldorf d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO 3 Springfield State Hospital Middle 4. DATE Type or print ome s Benjamin Abell 9 DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost pirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Male White 10-23-72 WIDOWED P DIVORCED [yrs. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired} Maryland USA SALANDER BANKSHA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mandy Dorsey Thomas Abell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address unknown Hospital Records unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **Bfonchopneumonia** 10 hours IMMEDIATE CAUSE (o) 420.0 more than DUE TO Arteriosclerotic heart disease yrs. Conditions, if any, which gave rise to immediate more than DUF TO couse (a), stating the under-10 years. lying cause last. Generalized arteriosclerosis CBS as 8. With disturbance of metabolism, growth or nutricion with senial performed brain disease, with psychotic reaction, plus pulmonary TBC.

200. ACCIDENT WAS UNDERLYING | 200. DESCRIBE HOW INJURY OCCURRED. (Enfer nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING | CAUSE OF DEATH YES NO (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while at work at work

21. I certify that I offended the deceased from August

19.59, that I lost sow the deceased and that death occurred at 5145 M, from the causes and on the date stated above. olive on 9-1-ADDRESS (Street, city or town, state) Springfield State Hospital ACTUAL

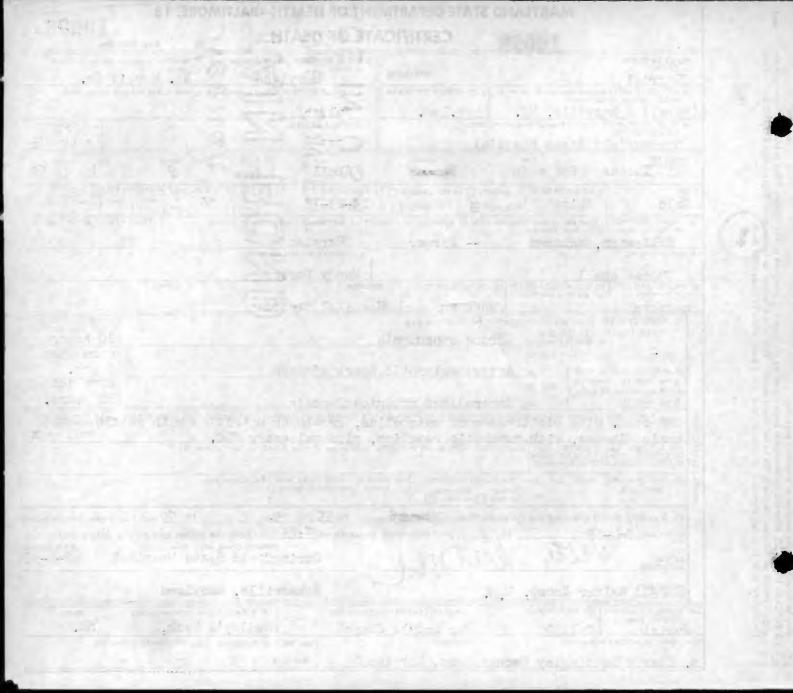
SIGNATURE PHYSICIAN'S Walter Knopp, M.D.

Sykesville, Maryland

22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) Medley's Neck. Md. Our Lady's Chapel Burial 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Clarke Mattingley Leonardtown, Maryland 8 '59

VS A15 143

15M 10/57



physician and completely filled in by the funeral director, move garban papers. Pages 1 and 2 should be filed with TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haures may be retained by the haspital ar attending physician.

TO FUNERAL DANECTOR: After this certificate has been signed by the attending physician and completely filled in the page 3 should be detached for use as the burial-transit permit. Then pleas, remove garban papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 724-6-5 giter death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10099 **CERTIFICATE OF DEATH**

10074

											Keg. Di	51, 140.		
1.	PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE b. COUNTY							iian)	
		arroll		MAILYLAND	Maryland Balto City									
	b. CITY OR TOWN (I	f outside carporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)							n)		
	Sykesvill	le		35yrs.9mos.1	5days Baltimore 3vo/-4									
	d. NAME OF HOSPIT OR INSTITUTION Springile	AL (If not in hospital, g	ospi	oddress)	4.9	STREET A		here	from	Bay	View			FARM?
-								-		-			-	
	NAME OF DECEASED (Type or print)	Sa	muel	Middle	Ad	shea	_	4. DATE OF DEAT		Sept	ember	Da	,	19 5 9
5.	5. SEX 6. COLOR OR RACE 7. MARRIE			RIED NEVER MARRIED	B. DATE	OF BIRTI	Н		9. AGE	(In years				
	Male	White	WIDOW	ED DIVORCED	188	2			77	pirthday) yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC					SUSTRY 11.	BIRTHPL	ACE (Stat	e ar fareign	country)		12. CIT	ZENOF	WHAT	OUNTRY?
during most of working life, even if retired)			-		England			Unknown			~			
13.	13. FATHER'S NAME				14. M	OTHER'S	MAIDEN	NAME						
	Unknown					Un	know	n.						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIA				SOCIAL SECURITY NO.	INFORMA	NT				Add	lress			
(Yes, no, or unknown) No			ervice)	-	Spri	ngfi	eld I	Hospit	tal Re	cord	5			
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).]				-				INT	ERVAL BE	TWEEN
		TH WAS CAUSED BY:	•									ONS	SET AND	DEATH
	5000	IMMEDIATE CAUSE (o		ronic nephrit	1,8								Year	4 -3
	DYXX	DUE TO												
	Conditions, if a)											
	gave rise to immediate DUE TO													
	lying cause last. (c)													
20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY													
AT	Schisopl	Schisophrenia, paranoid type.												
IFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)													
MEDICAL CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)												
¥	20c. TIME OF INJUR		ar 20d II	NJURY OCCURRED 20e.	PLACE OF	NJURY (Hame, far	rm, 20f. (C	ity or town	nì	1	County)		(State)
EDIC	Haur o. m.	19	While	Nat while	foctory, str	eet, office	e bldg., e	fc.)		,				,
Z														
	21. I certify th	at I attended the	deceas	ed from March 7	3									
	alive an Sep	tember 7.	_, 19_	59, and that dea	th accur	red at	9:00	A.M. frai	n the co	uses a	nd an the	e date	state	d abave.
		may a		~ /				ADDRESS	(Street, cit	y ar lawn	state)		DA	TE SIGNED
	SIGNATURE Couche del Campo Springfield State Hospital 9/7/59													
	PHYSICIAN'S NAME (Type)	Agustin d	lel Ca	mpo. M.D.		Svk	esvi	lle. l	Marvl	and				
220	BURIAL, CREMATIO			The MANE AT CENTER							or county)		la	(a)
4	REMOVAL (Specify)	0.4.5	6	1/3/14	VANDA		100	15	4	1.40	1500	M		
22	FUNERAL DIRECTOR	S SIGNIATION	-	ADDRESS	17-64	FALL	TVC	CID DY DE	ISTRAR	24b. REG	CTDAD'C P	GNATU	CLY .	
13.	TOISERNE DIRECTOR	3 SIGNATURE	1	AUDIN			24g. RE	C'D BY REG	253		Klim ,	Cian	A	
							I DATE IN	THE RESERVE THE PARTY NAMED IN		200	-			

Tlabor for event of other tends of the second of th And the State of Assessment Control of the Control

CERTIFICATE OF DEATH

10075

				Keg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary)		on: Residence before admission) Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster	c. LENGTH OF STAY IN 16		outside corporate timits, write R	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Glover Nursing Home	oddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) WILT.TAM	Middle A	BARNES	4. DATE Mon OF DEATH SEP	/
male white widows		8. DATE OF BIRTH 7-10-1875	9. AGE (In years loss birthday) 64 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Mill Operator	OWN	Maryl	land	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME George W. Barn	es	Martha Bo		
(Yes, no. or unknown) (If yes, give wor or dates of service)		nformant lgar R.Barne	es, Marbury,	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse lost. (c)	terior	Tobles	sis y	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS C				YEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	Port 8 or Port II of item 18.)	
20c, TIME OF INJURY Month, Day, Year 20d, IN Hour o. gt. While of work	Not while for	ACE OF INJURY (Home, form, clory, street, office bldg., etc.		(County) (State)
21. I certify that attended the decease alive on 19 19 20 20 20 20 20 20 20 20 20 20 20 20 20	od from man al T, and that death lbous		M, from the causes of appress (Street, city or town,	that I last saw the deceased and on the date stated above state) PATE SIGNET
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL 9-12-1959	22. NAME OF CEMETERY O Sams Creek	R CREMATORY Brethren	22d. LOCATION (City. town, of Carroll Co.	or county) (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz, Winf	ield, Md.			STRAR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL CONTRACT STORES After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after the teath. TO HOSPITAL OR VS A15 (4) 15M 9/SS

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A Long V THE COLUMN TO A REAL PROPERTY OF THE PARTY OF TH THE LOUISING THE PARTY OF THE P

VS A15 (4) 15M 9/SS 網

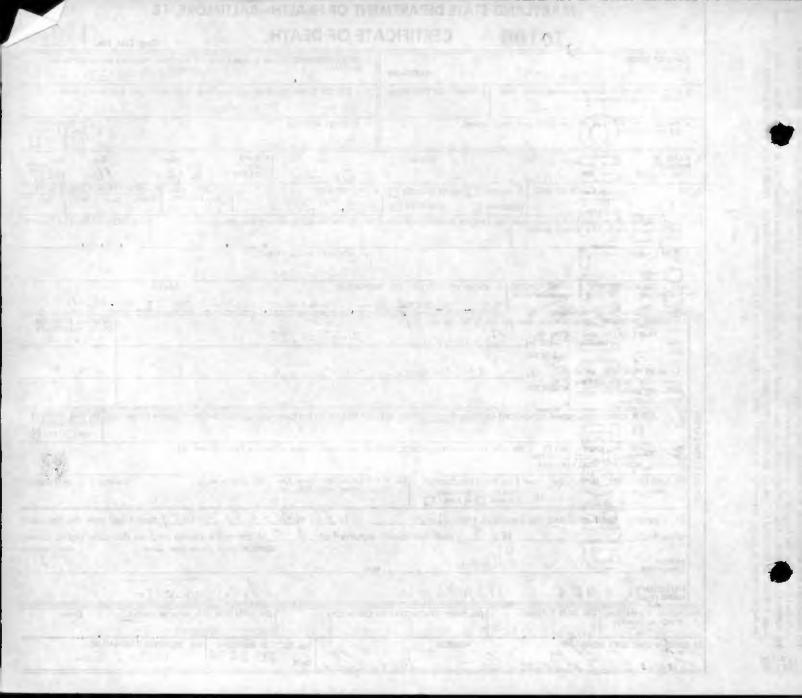
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10100

CERTIFICATE OF DEATH

10076

1,	PLACE OF DEATH D. COUNTY				2	USUAL RESIDENCE	(Where deceas			ice before adm	ssion)
	o. COUNT	Carrol	1	MARYLA	AND	o. STATE Md.		b. COUN	TY Car	roll	
Г	RURAL and give ne		ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN		_	e RURAL and	give nearest ta	wn)
_		rinksburg		i	7	Rural	Finks	burg			
	OR INSTITUTION	AL (If nat in hospital, g	ive street (oddress)		rd. STREET ADDRES Route #1	_ v	-97		e. IS RI ON YES	A FARM?
3.	NAME OF	Fir	şi	Middle		Last	4. DATE	A	Aonth	Day	Year
L	(Type or print)	WAME	23			BOHR	OF DEATI	Sy	pr	16	1959
\$.	SEX	and the second	7. MARR	IED NEVER MARRIED	- 6	ATE OF BIRTH	0.4	9. AGE (In year	Months	FYEAR IF UN	1
	Male	White	WIDOWE	D DIVORCED		ct.17,18	186		rs.	Days Hour	Min.
10	. USUAL OCCUPATIO	ON (Give kind of work a king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S	tote or foreign	country)	12. CI	IZEN OF WHA	T COUNTRY?
1	Retired I	Real of February	-	arming		Quanti	co. Va		TT	SA	
-	FATHER'S NAME	~~~		et menne	Ti	4. MOTHER'S MAID		. •	1 0	*	
L	171777	40.2				50. 0	0.0				
15		m Bohr	CE52 14	SOCIAL SECURITY NO.	17. INFO	Mary G	roll		44		
		(If yes, give war or dates of s		SOCIAL SECURITY NO.	IZ. INTE	KITIMITAT		^	ddress	,	
_	No	Mone	- 7	05-12-352	6 Mr	s. Doris	C. Bo	phr. Rt	#I.B	ox 497	7
	18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (0), (b), and (c).]	1					INTERVAL	ETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	C	drein		metro.	111			ONSET AN	C +
	153,3	DUE TO				1					
	Conditions, if a	au mhlab i	N	dam in an		1	4			241	-9/
	gove rise to it	mmediate		A CINCON	_	vegme.	-			3 1	
	cottse (o), storing	the under-				0	4			10.00	
-	lying couse lost.) (c									
ě	PART II. OTH	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TI	ERMINAL DISEA	SE CONDITION	GIVEN IN PAR	T 1(a) 19. WAS	ORMED?
3										YES [NOX
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	CURRED. (inter nature of injury	y in Port I or Po	rt (I of item 18.)			
18	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. IN	JURY OCCURRED 2	Oe. PLACE	OF INJURY (Home,	form, 20f. (Ci	y or town)	- In	Countyl	(State)
MEDICAL	Hour o.m.	19	While	Not while		, street, office bldg.,		,	,	,,	(0.2.0)
×	p. m.	17	of worl	k at work							
	21. I certify th	at I attended the	decease	ed from Nant		, 19,5 6, to	Dept 1	6 , 194	9., that I	last saw the	e deceased
	alive on	+15	120	\mathcal{I}_{-} , and that c	leath of	curred at 1	M. fra	m the cause:	and an t	he date sta	ted above.
	(')	1	51	,)				Street, city or tov			DATE SIGNED
	ACTUAL SIGNATURE	wes I.	In	inel							1/16/5
	SIGNATURE		0		M.D						4
L	PHYSICIAN'S NAME (Type)	AMES 1	: //	ARSH			(1)	Zoslum	ulla		
22	BURIAL, CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOC/	TION (City, tow	n, or county)	(St	ote)
	REMOVAL (Specify)	Seat 10	705	Salem_M	othe	dist Cen	neterv	134 40 64	5.50	MA	
23.	FUNERAL DIRECTOR		1	ADDRESS			REC'D BY REGIS	TRAR 246 RF	GISTRAR'S SIG	GNATURE	
1	1	1/h	.901	20-17:0	0.0	12	GED 2			& Kraus	
1 1	anand!	14 1100	1111	1 1/18	Male	DATE DATE					



TATE DEPT.

to DEPUTY MEDICAL EXAMINER. This certificate shauld be executed will execute the consistency writing the ward "pending" in pencil in Item, 18 4 should be considered to the Chief Medical Examiner's Office along a TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perm or its designated agent, priar to burial, cremation, or removal, and in

VS. A15ME 3M 2/57

d	-	1	D	
H	IE	A	R	H
hin 24 hours after death. If ony delay is necessary, please	ector. Page	your files.	Board of Health.	(
r delay is	ne funero	refoined	e Stote 1	er death.
h. If ony	d 3 to 1	5 may be	2 with th	ours afte
ter deat	1, 2, on	Poge	Poud	hin 72 h
hours of	e Pages	I'm PM3.	le poges	event wit
hin 24	. G.	milh fo	il. Fi	AUD C

10077 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	~	

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARY AND COUNTY ARD OF
CARROLL GO. MARYLAND	CALLEY OF THE STATE OF THE
b. CITY OR TOWN (It outside corporate limits, write BURAL and give recovers from the state of th	x c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
AT HOME	OLD BALTIMORE ROAD - YES NO [
3. NAME OF DECEASED WILLIAM CHARLES	BOWSTEAD DEATH SEPT. 23 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED 3	DATE OF BIRTH 9. AGE In your IF UNDER 1 YEAR IF UNDER 24 HRS foat birthdgy! Warch 20, 1898 9. AGE In your IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most at working life, even if retired) PHOTO, STUDIO.	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
,	DENVER, COL. V.SIA,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM BOWSTEAD,	MARI ANN STICK
Wes no as unknown) hill yes once was as doles of services	NFORMANT - Thus, WM. Clarks BOWSTEAD (HOME)
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Ery Thrombasis Sudder
Conditions, if ony, which (b)	
gave rise to immediate cause	
(a), stating the underlying cause lost.	
	NOT RELATED TO THE YERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO ST
700. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter nature of injury in Port I ar Port II of Item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA: Hour o. m. White Net white of work of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ary, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I taak charge of the remains described abo	ove, held an Autopsy . Inspection . Inquiry . and in my
apinion death resulted from: Natural causes . Accident	, Suicide , Hamicide , Undetermined manner
SIGNATURE Plenn Speicher	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S AAME (Type)	ASSISTANT MEDICAL EXAMINER (9/23/54)
220 SURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 26 05 / 59 LOUDEN F	CRIMATORY 22d. LOCATION (City, lown, or county) (Slote) PART CEM RALTIMO PE, MI)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
James M. Caffell - Westminster, h	DATE SEP 2 4 '59 aritur & Huma

	U	U	- 4
Rea. Dist.		0	

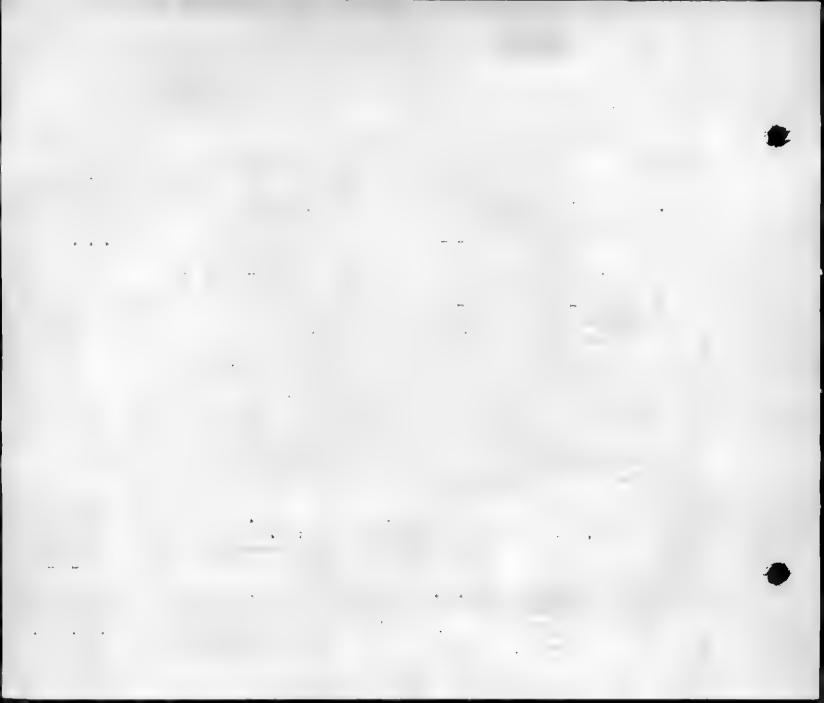
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	na.	1
1	reg	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL CTOR: After this certificate has been signed by the ottending physician and completely filled in the property page 3 shaulates detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours ofter death.

	may be	TO FUNER	page 3 s	the ranie
V	S /	A15	55)

		101	12_	CERTIFICATE OF DEATH						teg. Dist. No.		
1	1. PLACE OF DEATH a COUNTY	· · · · · · · · · · · · · · · · · · ·				2. USUAL RESIDENCE (Wh	ere deceased live		nı Residence	before admir	sion)	
1		rroll		MARYLI	AND	Maryla	nd	b. COUNTY	Frede	rick		
	b. CITY OR TOWN (IF RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN	v 16	c. CITY OR TOWN (IF o	utside carparate	limits, write Rt.	RAL and gir	ve nearest tow	n)	
	Sykesvi	lle (Rural		3 m 20 d		Myersv	ille		138	Х "		
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?	
		ield State	Hes	oital						YES [3 NO 🔯	
	3. NAME OF DECEASED	Fie		Middle		Last	4 DATE OF		Month		Year	
	(Type or print)	Add		Harris	-7.	Browning	DEATH	September 17,			1959	
	5. SEX		1	RIED NEVER MARRIED	_	DATE OF BIRTH	I I	AGE (In years ast birthday) OG yrs.	(In years IFUNDER I YEAR IF UND irthday) Months Doys Hours			
	F. White WIDOWED DIVORCED April 2, 18								120 61711	F11 05 11011	1	
-	during most of working life, even if refired)								EN OF WHA	COUNTR		
	HOUSEWILE-	170 dSCWIIC-10 dolloi						10		U.S.A.		
4						14 MOTHER'S MAIDEN N						
	Yes, no or unknown [If yes, give wor or dates of service]					ORMANT	unknow	7m –	044			
							nte Hos					
	No none Springfield State Hospital Recor							LECOI G	INTERVAL BETWEEN			
		H WAS CAUSED BY:	т	erminal brow	acho	nneumonia				ONSET AND	DEATH	
	422.1	IMMEDIATE CAUSE (6	/	CTIME OF OF		pacatoriza						
	Conditions, if or	bfab \	A	rterioscler	otic	cardiovascu	lar dise	ease		Year	5	
gave rise to immediate course (a), stoting the under-												
	lying couse lost. Generalized arteriosclerosis									Years		
	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIVE	N IN PART	I I(a) 19. WAS AUTOPSY PERFORMED?		
	3 with a	sychotic r	naro eact	ne associate Lon	ed wi	th cerebral	arterio	screros	ils,		NO E	
	□ 120m ACCIDENT WA	S HINDERLYING III	20b DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in P	ort I or Part II o	if item 18.)		-		
		CAUSE OF DEATH MEDICAL EXAMINER)										
	20c. TIME OF INJURY Hour o. m.	Month, Doy, Ye	or 20d 1 While		Oe. PLAC	E OF INJURY (Home, form, bry, street, office bldg., etc.	20f. (City or t	rown)	(Co	unty)	(State)	
ı		19	of wo	rk at work								
	21. I certify the	at I attended the	deceas	sed fram July	9,	. 1959 , ta Se	pt. 17,	1959	,that I le	ist saw the	decease	
	alive onSe	pte 17	12_	59, and that d	leath (accurred at 7:304	M, fram th	e causes a	nd an the	e date stat	ed abov	
		matteris	1:	Welson	/		ADDRESS (Street,	city or town, s	ifole)	0	ATE SIGNE	
1	SIGNATURE_	Jewsth V	1761	1 pour	M	o. Oak Stre	et			9-	17-59	
	PHYSICIAN'S K	onstantin	Webe	r, M. D.		Sykesvil	le, Mar	yland				
	220. BURIAL, CREMATION			22c. NAME OF CEMET			22d LOCATION	(City, tawn, o	r county)	(Sto	(e)	
	REMOVAL IS TO SELECT	9-20-1	959	St. Par	ıl's	Lutheran	Myers			d.Co.	Md.	
	23 FUNERAL DIRECTOR'S	SIGNATURE 131. 1	B	1 OL LESS	.//	240. REC'E	BY REGISTRAR	24b. REGIS	TRAR'S SIGN	NATURE		
	Clut	J. 1200		Musers	nll	CALL DATE S!	EP 21 '59	CA	Kun &	Thank		



		10	TAG	CERTIFIC	AI	E OF DEATH	1		Reg. E	Dist, No.		
1	1. PLACE OF DEATH o. COUNTY Carr	011		MARYLAND	- 11	USUAL RESIDENCE (WI o. STATE Tary land	here decease	d lived. If instituti b. COUNTY		ence befo		ion)
ı	b. CITY OR TOWN (I RURAL and give no	f outside corporate limitorest town)	its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If o	outside corpo	rate limits, write R	URAL one	d give nec	orest town)
ı	Rura1, Hes			15 Yrs.	R	ural, Westn	inster	<u> </u>				
	OR INSTITUTION	r, M. R.D			1/3.	d street ADDRESS 'estminster,	Md.R.	0.1 (Wilt	er R	un)	ON A	FARM?
	3. NAME OF DECEASED (Type or print)	Fig.	st	Middle	~	last	4. DATE OF DEATH	Mar		Do		Year
ı	5 SEX	le color or race	7	II	-	Siman ATE OF SIRTH	DEATH	9/25/ 9. AGE (In years		FP 1 YEAR		19 R 24 HRS.
i	Male	White	WIDOW		'	2/28/1878		lost birthday)	Months		Hours	Min
	10g. USUAL OCCUPATIO		done 10h	KIND OF BUSINESS OR INC			ar foreign c	7	12 0	ITIZEN C	F WHAT	COUNTRY
	Retired Car	renter	71	dg. all kinds		Pennsy Ivan	iia		· U	.S.A		
ı	13. FATHER'S NAME				1	4. MOTHER'S MAIDEN I	NAME					
ı	Peter N.	Casiman	t			Laura Ny	ers					
ı	15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFO	RMANT		Add	ress			
	No			13-10-5913	rs.	Mervin E.	Casima	in, Westr	inst	or, l	id. I	:.).1
i		-	use per li	ne for (a), (b), and (c)		A.	1			INTI	ET ANO	TWEEN
ı	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (d	(1	ent Can	<u> </u>	an Us	"lus	lon			3 10	4/
ı	£ 79	DUE TO										1
ı	Conditions, If o)									•
ı	gave rise to it cause (a), stating					1						
i	lying cause last.) (c										
	CATIC		DITIONS	CONTRIBUTING TO DEATH B	UT NO	T RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	'EN IN PA	ART I(a) I	P. WAS A PERFO YES [AUTOPSY RMED? NO 🔏
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED, (E	inter nature of injury in (Part I ar Por	t II of item 18.)				
	ZOc. TIME OF INJUR Hour a. si. p. m.	Y Month, Day, Ye		NUURY OCCURRED 20e.	PLACE	OF INJURY (Hame, form	20f. (City	or town)		(County)		(State)
	Ö Hour a. sı. p. m.	19	While at wor	TANI MILITE	roctory	, street, office bldg , etc						
	21. I certify th	at I attended the	deceas			, 19 <u>57</u> , to	9-2.	5 , 195	that I	l last so	w the	decease
	alive on	700	ر 12 کے	and that dea	th oc	curred at 4.101		n the causes o	nd on	the da	te state	d above
			24	<u></u>				treet, city on town.	stote)	6	7 0/	TE SIGNED
	SIGNATURE	1/2-1	011	11	_M.D.	(2 11/5	mg	St. Liga	ty giv	mile	1	V77.7
	PHYSICIAN'S NAME (Type)	L. L. P	OT	TER M.D		12 W.K	ING '	ST. LIT	TLE	STO	WY:	PA
	220. BURIAL, CREMATIO REMOYAL (Specify)		F	22L NAME OF CEMETERY				TION (City, town,			(State	±)
	Jurial	9/28/59		Church Of 3	od I			itovn, Ca				
	23 FUNERAL DIRECTOR	SIGNATURE	0-	ADDRESS			D BY REGIST			IGNATUI A Kin		
ł	1 400Ma	M-MIT	L L	ittlestoym, P	a.	DATE O	EP 28 %	-	Arabari 4	DE 7 MARIN	-	

funeral director, 2 should be filed with may be retain TO FUNERAL P page 3 shaul

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Bage

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VS A15 (4) 15M 9/55



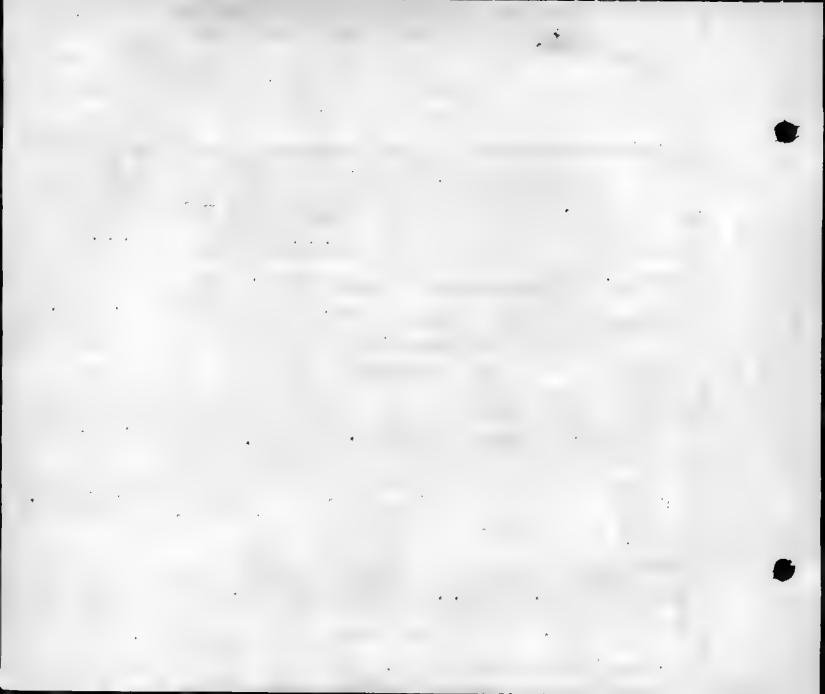
VS A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10080

 PALLA	No.	

404						Kug. uiii.	1001		
7. PLACE OF DEATH G. COUNTY			2. USUAL RESIDENCE		sed lived. If Institution	v			
Carroll		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
b. CITY OR TOWN (If outside corpor and give nearest town)	rore Hmits, write KURAL		e. CITT OK TOW	N (IF outside cor	porate limits, write	KUKAL and B	As uediati ic	owu)	
Sykesville		28 years	Muirki		<u> </u>	,	1		
d. NAME OF HOSPITAL OR INS			d. STREET ADDRE	55			ON	A FARM?	
Springfield Stat	te Hospita	L	none				YES	ио 🖸	
3. NAME OF DECEASED	First	Middle	Last	OF O				Year 50	
	Constance	***	offin	DEATH	9	2'		1959	
5. SEX 6. COLOR	R OR RACE 7. MAI	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years fast birtiglay)	IFUNDER 19		Min.	
	hite widow		6/18/77		fost biribday)	Months Bo	ys Hours	MAIN.	
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF SUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN during most of warking life, even if retired)							COUNTRY?		
unknown			VISTA.	Marylan	d	U.S	«А.«		
13. FATHER'S NAME			14, MOTHER'S MAID	EN NAME					
Charles E. Cof	fin		Catheri	ne R. J	ones				
15. WAS DECEASED EYER IN U. S.		6. SOCIAL SECURITY NO. 17.	INFORMANT		Address	W.	ynnewo	od,	
11(O	THE ST GUILT OF SECTION	non a	John C. Bel	field 1	329 "ynge	ate Rd.	Penn	al	
18. CAUSE OF DEATH [Enter of	only one cause per li						INTERVAL BETWO	EEN	
PART I, DEATH WAS CA	USED BY	ronchooneumoni.	R			-	Davs	AIII	
401.0	DUE TO						20313		
Canditions, if any, which		cute pericardi	tis				Days		
gave rise to immediate cause	2115 22	varo porzociaz					Days		
(o), stating the underlying cause last.	(c)								
Z PART II. OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINALDIŞEAS	E CONDITION OF	VEN IN PART I	(a) 19 WAS	AUTOPSY	
PART II. OTHER SIGNIFI Schizophren 200. EXTERNAL CAUSE WAS PRIMARY 00 CONTRIBUTING CAUSE OF DEATH.	ic reacti	on, hephrenic t	ypa left	re, inte	rtrochant	eric,	YES	NO 🗍	
200. EXTERNAL CAUSE WAS	20h DESCI	RIBE HOW INJURY OCCURRED.			of item 18.1		} ''		
PRIMARY OF CONTRIBUTING	, a								
3 20c TIME OF INJURY Mon	th, Day, Year 20c	I. INJURY OCCURRED 200. PL	ACE OF INJURY (Hame,	form, 20f. (Cit	y ar town)	(Count	rl	(State)	
20c TIME OF INJURY Mon	5/ 19 59 W	I TOU WILLIAMS	tary, street, affice bldg.,	, elc.)	kesville	Carı	coll	Md.	
		remains described abo	ospital	onsy 🗷 I	nspection K	Inquiry	DC), and	find that	
death resulted from:					ndetermined		pd, and	and mar	
death resulted from:	rational causes	Accident, 50	nerde [, nomit	true [_], O	nderernineu	raose [].			
ACTUAL 4	7 Th	en l	CHIEF MEDICA	AL EVAMBLES F	1		DATE	SIGNED	
SIGNATURETURE	/ / / /		M.D.	AL EXAMINER [EDICAL EXAMIN			a	(2)	
EXAMINER'S James	es T. Mars	sh, M.D.		CAL EXAMINER	_		7/	2//5	
22a. BURIAL, CREMATION, 22b. D. BREMOVAL Specify) Oc 1		22c. NAME OF CEMETERY OF		22d. LOC/	TION (City, town,	or county)	(Sto	te)	
		St Johns Ce			tsville,	Md			
23. FUNERAL DIRECTOR'S SIGNATU	>	ADDRESS		REC'D BY REGIS		STRAR'S SIGN.			
F. Gasch's S	ons Hya	ttsville, Md.	DATI	E VOI O	C.	athun A A	india		



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within 24 hours



VS A15 (4) 1SM 9/S8

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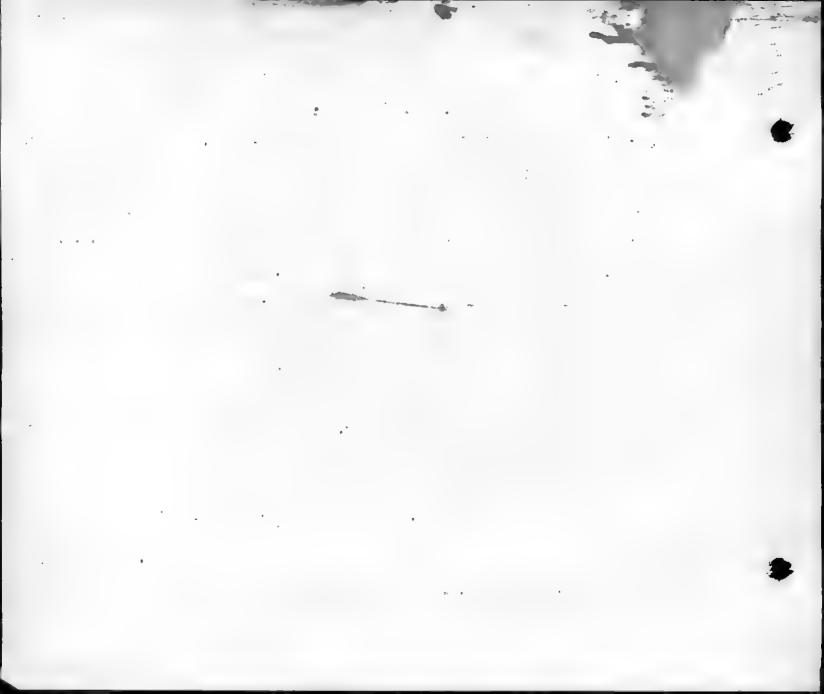
TOTOR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10082

2	TOTO	D	CERTIFIC	ATE OF DE	жи		Reg. Dist.	No.
1. PLACE OF DEATH			-		ICE (Where decease	ed lived If instituti	on Residence	before admission)
Ca	rroll		MARYLAND	o. STATE Mar	yland	b COUNTY	Balto	o.City
b CITY OR TOWN (If RURAL and give no	autside corporate lim	its, write c. U	ENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside corp	arate limits, write R	URAL and giv	e nearest town)
Sykesvi?	le		rs.3mos.20d	ays Bal	timore	- \	1	y -
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, s	give street addre	55)	d. STREET ADD	RESS			e. IS RESIDENCE ON A FARM?
	eld State	Hospita	1	122	Warren A	lve.		YES NO 🗔
3 NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE OF	Mon	rh.	Day Year
(Type or print)	Effi		Moon	CONNORS	DEATH	ocp ochi		11, 19 59
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	- 0	9. AGE (In years lost birthdoy)	Months D	YEAR IF UNDER 24 HRS
Female	White	WIDOWED [1872	87 yrs		
10a USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired	done 10b, KIND	OF BUSINESS OR IND	USTRY 11. BIRTHPLACE	E (State or foreign of	country)	12 CITIZE	OF WHAT COUNTRY
Laundress	3		-	Xixxi	Maryla	and		U.S.A.
13. FATHER'S NAME				14 MOTHER'S MA				
Thomas O.					A. Schae			
15. WAS DECEASED EVE (Yes, no, or unknown)	t IN U.S. ARMED FOR If yes, give war or dates of s	RCES? 16. SOCIA		INFORMANT		Add	ress	
No	-	-		pringfield	Hospita.	LRecords		
	TH [Enter only one co							INTERVAL SETWEEN
PAKI I. UKA	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (c	Acut	<u>e pulmonary</u>	edema				Days
ř *	DUE TO							
Conditions, if at	omediate		<u>rioscleroti</u>	c heart di	sease			Years
couse (o), stating								
Z PART II OTH	ER SIGNIFICANT CON	IDITIONIS CONITI	RIBUTING TO DEATH BU	T NOT BELATED TO TH	JE TEDLAINIA: DICEA	SE CONDITION ON	/EN+ N. DAOT 1	I(o) 19 WAS AJTOPSY
Psychos	s with cer	ebral a	rterioscler	osis.	E TERMINAL DISEA:	SE CONDITION GIV	EN IN PARI I	PERFORMED?
(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter noture of in	jury in Part I or Pa	ort II of item 18.)		
20c TIME OF INJUR Hour o. m.	Month, Doy, Ye			LACE OF INJURY (Honoctory, street, office bloom	ne, form, 20f (Cit	y or town)	(Cor	unty) (Stote
Ø p. m.	19	While of work	TAME TANIE	belový, zvedelý dvited bi	1			
21. I certify th	at I attended the	deceased fi	am Nov. 11.	1958,	to September	er 11,959	that I last	saw the deceased
								date stated abave
e e	1 10	124	100-10			Street, city or town,		DATE SIGNE
ACTUAL SIGNATURE	Maul	(des	910 (141)	M.D. Spring	field St	ate Hospi	tal	9/11/59
PHYSICIAN'S NAME (Type)		lagro, M	•D•	Sykesv	rille, Man	ryland		
22a. 8URIAL, CREMATIO REMOVAL (Specify)	9 - 15	39 1	of well w	ed wahe	22d LOCA	HON (City, town,	or county)	(State)
23. FUNERAL DIRECTOR"	SIGNATURE		ADDIESS	24	to. REC'D BY REGIS	CA.	STRAR'S SIGN	
				Di	SEP 16	22 a	Klup A 2	Harris A



1	A	N	X	3
J.L.	U	U		0

CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY CARROLL		MARYLAND	2. USUAL RESIDENCE (W) a. STATE Marvaand	here deceased liv	ed. If institution b. COUNTY	n: Residence b	efore admiss	sion)		
/		outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	outside carporate		RAL ond give	nearest lowr	n)		
	Sykasvill		2 days	Baltimore				7			
. 🗆		L (If not in haspital, give street	address)	d. STREET ADDRESS				e. IS RES	SIDENCE L FARM?		
L		ld State Hospi	tal	3615 Kimb	le Road				NO 📑		
3.	NAME OF	First	Middle	Last	4. DATE	Mont	1	Day	Year		
	(Type or print)	William	Jay	Davis	DEATH	Septe	mber	3	1959		
5.	SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	Months Doy		ER 24 HRS.		
Male White WIDOWED DIVORCED February 12, 1882 77							i nours	mun.			
100	during most of working	N (Give kind af work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign count	(ערי	12. CITIZEN	OF WHAT C	COUNTRY?		
	Metal wor		49.44	New York			U.S	.A.			
13.	FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME			· · · · · · · · · · · · · · · · · · ·			
	r Ruben Da	vis		Mary Sl	ocum						
		IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 1	NFORMANT		Addre	55				
Ĺ	No		193-01-9840	Springfield H	ospital	Records					
		H [Enter only one couse per li		· · · · · · · · · · · · · · · · · · ·			10	NTERVAL BE	TWEEN		
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cardiac ins	iffinianes				nset and Da ys	DEATH		
	4	DUE TO		TITTE ISHCA			- 1	net 2			
	Conditions, if on	u sublah V	Myocardial :	infarction				Years			
	gave rise to im	mediate (-	+Oal D			
	cause (o), stating the lying cause last.	ne under-	Arterioscle	rosis heart d	isease.			Years			
Z		R SIGNIFICANT CONDIT ONS				ONDITION GIVE		_	AUTOPSY		
ATIO!		o arterioscler			. The population Co	STORY OF CARE	ia na reacreta	PERFO	RMED?		
FE	20g. ACCIDENT WAS	LINDERLYING TI 20h DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port Lor Port II o	of item 18.1		163	I NO L		
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	CRIBE HOTT HEIGHT OCCORRE	v. (chief holdre of hijory in		or 110111 1017					
	20c. TIME OF INJURY		NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm	, 20f. (City or	towal	10	bel	(State)		
MEDICAL	Hour o. m.	While	Not while for	ctory, street, affice bldg., etc		town	(Coun	ואָי	(51018)		
₹	p. m.	17 at wor	k at work								
	21. I certify the	it I attended the deceas	ed from <u>Septembe</u>	r 1, 19 <u>59, to Se</u>	ptember	3, 19.591	hat I last s	aw the d	deceased		
	alive on_Sep	tember 3 12	59, and that death	accurred at 1:35E	M, from the	causes and	an the do	ite stated	d above.		
	0	+ 10	00 1		ADDRESS (Street	, city or town, s	lote)	DAT	TE SIGNED		
	SIGNATURE CO	zwen de	Campo.	M.D. Springfi	eld Stat	te Hosp	tal	9/3/	59		
	PHYSICIAN'S										
	NAME (Type)	Agustin del Ca	mpo, M.D.	Sykesvil	le, Mary	yland					
220	BURIAL, CREMATION REMOVAL (Specify)	. 226. DATE THEREOF	22c. NAME OF CEMETERY O			Y (City, town, or	county)	(Stot	te)		
	. Burial	9/7/59	/ Parkwood	Cem.		Baltimo	re. Md.				
23.	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	240. REC'	D BY REGISTRAR		RAR'S SIGNA	TURE	_		
	Mens VI	1:010	11 2011 1 = DR	1.211							
	111111111	MUNICIPALITY	MICHEY WELL	DATE	0.150	1 17 10	. 0 4				

■eath. Page ■ funeral Airector,

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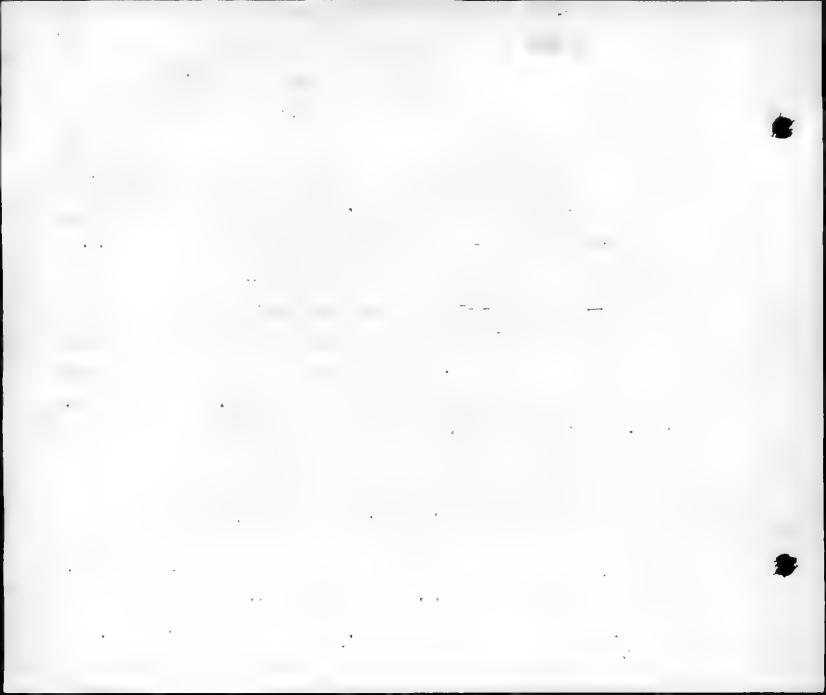
be filed ian and campletely filled in by rice fun cathoring peers. Pages 1 and 2 shauld after death

TO HOSPITAL OF TTENDING PHYSICIAN: The law requires that the death certificate be may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached far use as the burial-transit permit. Then please remave cast the registrar prior to burial, and in any event within 72 haurs after

TTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs

VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE **HEALTH DEPT** I, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Page Carroll files. Health, O. STATE **b** COUNTY Maryland MARYLAND b. CITY OR TOWN Ht outs de corporate limits, wi te RURAS c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres! fown Ildr. 700 4 rural 20 rural Westminster years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitos, give street address) d. STREET ADDRESS 600 e 5 may be retained 3 2 with the State Sullivan Road Sullivan Road R. NAME OF Middle 4. DATE Lost DECEASED (Type or print) DEATH CG-FR death. If an 2, and 3 to 1 5. SEX 6. COLOR OR RACE 7- MARRIED 🔂 NEVER MARRIED 🗀 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR 63 day Months 1895 White Male WIDOWED [DIVORCED [Page 1 and 1 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Carroll County, Md. Farmer cated within 24 hours ofter in Item, 18. Give Rages 1, ce along with farm PM3. P File pages 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Dell Mary E. Burns event 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 217-07-4027Mrs. Elsie P. Dell R.3 Westminster.Md. no burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (o) Office **DUE TO** Conditions, if any, which gove rise to immediate cause DUE TO Exominer (o), sloting the underlying 0 couse last 50 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION used the word "pe≡d Chief Medical E 3 should be used 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Port II of Item 18) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING EL WEDICAL 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED i 20f. (City or lown) factory, street, affice bldg., etc.) n guilling ta the at work 🔽 at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X. arded opinion death resulted from: Natural causes. Suicide Homicide , Undetermined monner SIGNATURE CLUBS CHIEF MEDICAL EXAMINER shauld be FUNERAL pe ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME Type DEPUTY MEDICAL EXAMINER D 226. DATE THEREOF 220. BURIAL, CREMATION. 22d LOCATION (City, town, or county) 9-25-59 40 Pleasant Cemetery Gamber **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE

Westminster, Maryland

VS. A15ME 5M 2/57

John R. Byers

24a. REC'D BY REGISTRAN DATE SEP 2 B

24b. REGISTRAR'S SIGNATURE arthur & Kraus

Maryland

(County)

Inquiry X

Reg. Dist. No.

Carroll

. IS RESID'NCE

YES 📆 NO 🗌 99,015

Year

19

IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO TO

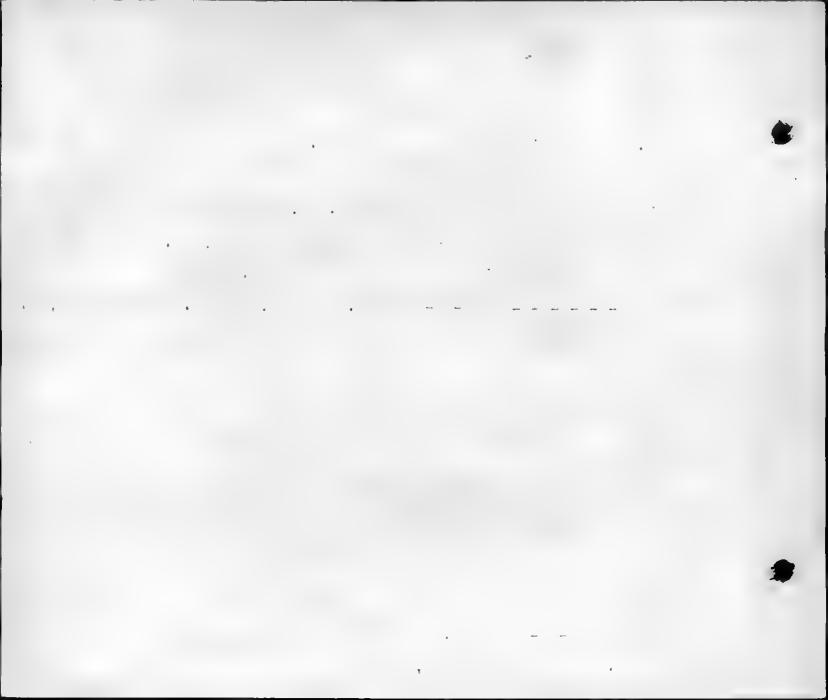
(State)

ond in my

DATE SIGNITO

(State)

ON A FARM?



	TOTO	,			10 01 00/11			Reg. D	st. No.		
1. PLACE OF DEATH 0. COUNTY Carroll	7		MAI	YLAND	2. USUAL RESIDENCE (W o. STATE Naryland	here decease	d lived. If institute b. COUNTY	on: Resider	nce befor	e admiss	ion)
b. CITY OR TOWN RURAL and give	(If outside corporate limit nearest town)	ts, write	c. LENGTH OF STA	Y IN 16	c CITY OR TOWN (IF	autside corpo	prote limits, write R	URAL ond	give nea	rest fown	1)
Sykesvil			47 year	S	Baltimore			T 8			
OR INSTITUTION	PITAL (If not in haspital, g			l	d. STREET ADDRESS	uith S	ta				PARM?
	ld State Ho	abire	11							153	NO RM
3, NAME OF DECEASED (Type or print)	Fir		Midd:	le	Fink	4. DATE OF DEATH	Mon	ith	26		Year 1959
5. SEX	Joh		K.	16-1 n	DATE OF BIRTH		9. AGE (In years	HE LINDS			ER 24 HRS
o. sex	6. COLOR OR RACE	WIDOW	_		73unknown		lost birthday) 737 yrs	Months	Days	Hours	Min.
		dane 10b.	KIND OF BUSINESS	OR INDUST	RY 11 BIRTHPLACE (Stote	or foreign s		12.CI	IZEN OF	WHATC	OUNTRY
during most of wi	orking life, even if retired)	71016			_	,,				
Laborer			World		Marylan				U.S.	A.	
13. FATHER'S NAME			L		14. MOTHER'S MAIDEN	NAME					
					unknow	m					
unknowi	ZER IN U. S. ARMED FOR	CES? 14	SOCIAL SECURITY N	O To INI			D 320	doss A 4 -	0314+	h C+	
(Yes, no, or unknown)	(If yes, give war or dates of s		Unk	Spr	ingrield Hos	pital	Records -B	eleo-	quit Ma	11 34	•
IB. CAUSE OF D	EATH Enter only one co	use per li	ne far (a), (b), and (c						T	RVAL BE	TWEEN
	EATH WAS CAUSED BY:			- 4					ONS	ET AND	DEATH
	IMMEDIATE CAUSE (c	A	cute cardi	ac III	sufficiency				10	ours	<u> </u>
420.0	DUE TO	1									
Conditions, if	ony, which }	. C	ormary oc	clusi	OTT:				18	ours	\$
gove rise to	immediate (AT CALCULATE OF	A TO AMOUNT							
lying couse los		A.	rterioscle	rotic	heart disea	se.			Y	ears	ŝ
PART II. O	THER SIGNIFICANT CON	DIT ONS C	CONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TERA	MINAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	ALTOPSY PRMED?
3 501	hizophranic	react	tion, other	r and	unspecified					YES 🗌	NO 📆
200. ACCIDENT V	VAS UNDERLYING [] IG [] CAUSE OF DEATH TY MEDICAL EXAMINER)	206 DES	CRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Part I or Pa	rt 11 of item 18.)				
3 20c TIME OF INJ		ar 20d. II	NJURY OCCURRED	20e PLAC	E OF INJURY (Home, for	m, 20f. (Cit	y or town)	- 1	County)		(State)
ZOC TIME OF INJU Hour a. m p. m	19	While at wor	k at work	locte	ory, street, affice bldg., et						
21. 1 certify	that I attended the	deceas	ed from Marc	h 7.	155 , to S€	pt. 26	1959	that I le	ast saw	the d	eceasea
alive on Ser	otember 26.	. 19	59 and the	it death	accurred at 2:001						
	/	!	0.10	1			treet, city or lown,		0 0010	DAT	E SIGNE
ACTUAL SIGNATURE	grustni	de	Camp	26. M	. Springfie	,	. ,	- ,		9/2	1/59
PHYSICIAN'S NAME (Type)	// Agustin	lelCa	mpo, M.D.		Sykesvill	le, Mar	ryland				
220. BURIAL, CREMAT REMOVAL (Specif		59	72c. NAME OF CE	METERY OR	CREMATORY .	22d. LOCA	TION (City, Idwa)	or county)	-, 5	(Stat	9)-
23. FUNERAL DIRECTO	R'S SIGNATURE		DDRESS	1	C // 24a. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S S	GNATU	E .	
of the	4/ 2/1/16	g (Methoder	16	med.	ACT 1		inthug	Si the	444	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs citer death may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, ar remayal, and in any event within 72 hapris after death.

VS A15 (4) 1 IIM 9/5B



FON STATE HEALMI DEPA TO DEPUTY STOLL EXAMINER: This maining to should be executed within 24 hours after death. If any demonstrates exect certificate, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funer. Indo., Page 4 should be torwarded to the Chief Madical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit, File pages 1 and 2 with the State Board of Health, or its designment agent, prior to burlal, cremation, or manyal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDS OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

١,	1. PLACE OF DEATH 1011	2. USUAL RESIDENCE (Where decessed lived, If	institution: Rasidence before edmission)
۱.	Carroll MARYLAND	e. STATE b. COUR	Corroll
ŀ	b. CITY OR TOWN (if outside corporate limits.	c. City OR TOWN (If outs'de corporate limits, write	RURA! and give negrest town
1	write RURAL and give neerast town)		• • • • • • • • • • • • • • • • • • • •
	A NAME OF HOSPITAL OR INSTITUTION (IS and In the Indian	X Taneytown	
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
`	Taneytown		YES X NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Monti	Day Year
	(Type or print) HARRY O.	FOCLE DEATH Septe	mber 29 1959
-1			IF UNDER 1 YEAR, IF JNDER 24 HRS.
- 1		lest birthdey)	Months Days Hours Min.
-		pril 3, 1898 61 ym. Y 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF BUILDER COUNTRIES
- 1	done during most of working life, even if retired)	II. BIKT TIPLACE (STATE OF TOTALGA COUNTY)	12. CITIZEN OF WHAT COUNTRY?
	Farmer Own farm	Maryland	U.S.A.
-1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Unknown	Margatet Ann Fogle	
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address	
	(Yes, no, or unkown) (Ifyasgivawarordatesofservice)	V N Bard - Bard	363
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	Mrs. Harry Fogle, Taneyt o	wn, Md.
	PART I DEATH WAS CAUSED BY: Crushed skull		ONSET AND DEATH
-	IMMEDIATE CAUSE (6)		
	7 · 2./ DUETO		
1	Conditions, if any, which (b)		
- !	geve rise to immediate cause DUE TO		
	(a), stelling the underlying		·
		T RELATED TO THE TERMINAL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOPSY
	OF THE STATE OF TH		PERFORMED?
	5		YES NO
- [PART I. OTHER SIGNIF, CANT CONDITIONS CONTR. BUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH 1 CAUSE OF DEATH	infer nature of injury in Part I or Pert II of item IB.)	
-1	Kell 3nto	mulcher (*** . *	
	3 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, ; 20f. (City or town)	(County) (State)
1	Hour a.m. While Not While	ory, street, office bldg., atc.)	Carroll Md.
	21 I certify that I took charge of the remains described above, he		
-1	death resulted from. Natural causes . Accident X, Suici	ide	anner
-1	1. Dan (1 in)	CHIEF MEDICAL EXAMINER	
4	ACTUAL SIGNATURE	M D ASSISTANT MEDICAL EXAMINER	DATE SIGNED
		DEPUTY MEDICAL EXAMINER	9/30/59
	NAME (Type) W. Bradley King, Jr., M.D.	Addrass (Street, city, town, or county)	
	22a. BUR.AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		, or country) (State)
	REMOVAL (Specify) Rumin 1 Oct 1 1050 Replace Hall Con	Was delivered and the same of	
1	Burial Oct. 1, 1959 Rocky Hill Cer	metery Woodsboro, M	
	meren trusc	2 150	wilms & Three
	C.O.Fuss & Son Taneytown, Maryle	and DATE OCT 2'59	
-			

المناس المدن

CERTIFICATE OF DEATH

10087

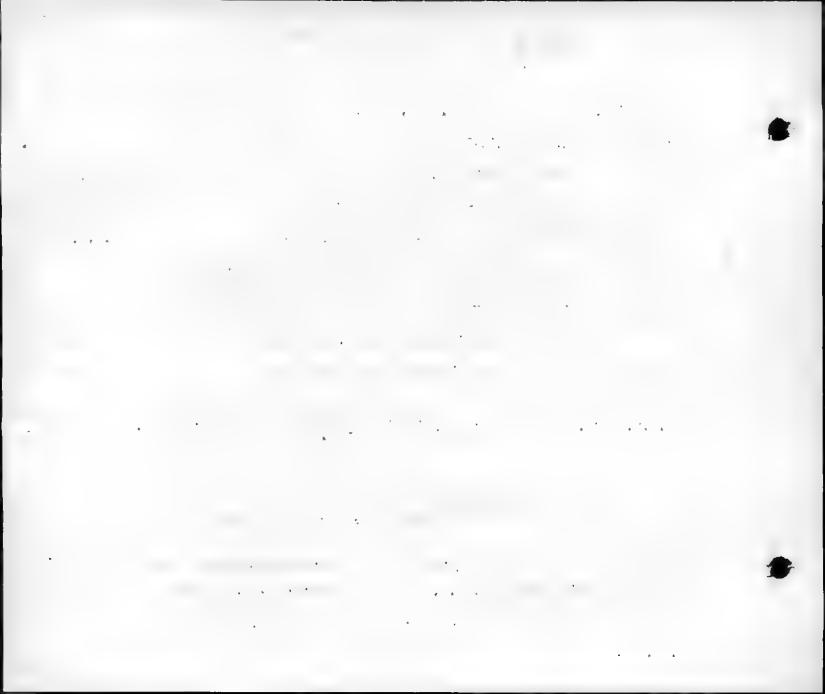
	1	U	$\{ \}$	ð	
 PAL-A	Mar.				

4					CERTIFIC	AIE OF D	LAII	•		Reg. Di	st. No.		
ı	1. PLACE OF DEATH						ENCE (WI	here decease	d lived. If institut		nce befor	e admiss	on)
ı	o, COUNTY Car	roll			MARYLAND	o. STATE	Mar	vland	b. COUNTY	Fr	eder	dek	-
Ì	b. CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGI	TH OF STAY IN 16	c. CITY OR TO	OWN (If	outside corpo	orote limits, write R				1)
	Sykesvill	e		2yrs	.9mos.18d	ays	Fred	erick			1011	1,2	
æ	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital,	give street	oddress)		d. STREET AS					1	ON A	IDENCE FARM?
	Springfie	Id State	lospi	tal			115	Record	Street				NO 📑
ı	3. NAME OF	Fi	rst		Middle	Last		4. DATE OF	Mor	nth	Day	,	Year
	(Type or print)	Mary	Cord	elia	Davis	Fox		DEATH	Septem	ber	1	L.	1959
	5. SEX	6. COLOR OR RACE	7- MARE	RIED NE	EVER MARRIED	B. DATE OF BIRTH			9. AGE (In years		-		T
	Female	White	WIDOWI	1070	DIVORCED	December			log birthdoy) yrs.	Months	Days	Hours	Min
1	10a. USUAL OCCUPATIO during most of worki	N (Give kind of work	done 10b.	KIND OF	BUSINESS OR INDL	STRY 11. BIRTHPLA	CE (Stole	or foreign c	ountry)	12 CIT			OUNTRY?
	Housewife	ng life, even if retired	,		-	Mary	rland	l		1	U.S.	A.	
M	13. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					
4	Franklin	Davis				Rebe	CCE	Coble	ntz				
	15. WAS DECEASED EVER	IN U. S. ARMED FOIl yes, give war or dates of	CES7 16.	SOCIAL SE	CURITY NO.	INFORMANT			Add	lress			
1	No	_		_		Springfie	ld H	ospita	al Record	3			
Ī	18. CAUSE OF DEAT	TH [Enter only one co	ouse per li	ne for (a),	(b), and (c).]						INTE	RVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscierotic heart disease						ONSET AND DEATH							
1	420.	DUE TO			JULIER LUGIL		TATAL LO					400	
1	Conditions, if on	y, which }	Ge	neral	ized arte	rioscler	515			Years			ra
	gove rise to im couse (a), stating t	mediote (,	··· ·		<u> </u>							
1	lying couse lost.	ne <u>under-</u>	2)										
	PART II. OTHI	ER SIGNIFICANT CON	IDITIONS (CONTRIBUT	ING TO DEATH BU	T NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PAI	RT 1(o) 15	WAS .	ALTOPSY RMED?
ŀ	Subca	oc with control	- ture	"neck	of right	rosis wi	n ps	yenou.	re reacti	.Offis		YES [
	# 200 ACCIDENT WAS					ED (Enter nature of							
1		MEDICAL EXAMINER)			*								
	20c. TIME OF INJURY	Month, Day, Ye		NJURY OC	CURRED 20e. P	LACE OF INJURY IF	lome, form	n, 20f. (Cît	y or lown)	(County)		(State)
1	20c. TIME OF INJURY Hour o. m.	19	While of wor	k O ot w	AALIH C	octory, street, office	blag, en						
	21 L certify the	at 1 attended the	decens	ed from	November	13. 19 56	to Se	ntemb	ar 1.1059	that Lle	ast saw	the d	lecenser
1	alive an Sex		, 19			h accurred at							
1		/-		6 6	/	ii occorred al			treet, city or town,		e dale		E SIGNED
	ACTUAL CO	with	del	CA.	neso	Mp Spri	ingfi	eld Si	tate Hosp	ital		9/2/	/59
1	1												
	PHYSICIAN'S NAME (Type)	lgustin de	I.Camp	o, M.	D.	Syke	esvil	le, Ma	aryland				
Ī	220. BURIAL, CREMATION	, 22b. DATE THERE)F	22c. NA	ME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stot	e)
	Burlah (Specify)	9-4-59		Ret	formed Cer	netery		Midd	letown, h	laryla	and		
-	23. FUNERAL DIRECTOR'S M. R. Etch	SIGNATURE	The	ADD	RESS	224		D BY REGIS		STRAR'S SI		Œ	
	M. R. Etch	150n & 50n	, rre	ederi	ck, maryL	eriter	DATSER	4 '59	Conti	hun & 1	trans		

TO HOSPITAL OR ATTENDING ENYSIGIEN: The lost that the decire continuous or any particular by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in borner funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 1SM 9/SB M



CERTIFICATE OF DEATH

NAME OF DECEASED (Type or print) John William Frush A.G. (In years EUNDER TYPE Nonth Day Year Deceased (Type or print) John William Frush S. (A.G. (In years EUNDER TYPE UNDOWED DIVORCED 12/8/71 S. (Fundamental Course) S. (A.G. (In years EUNDER TYPE UNDOWED DIVORCED 12/8/71 S. (Fundamental Course) S. (Fund					K	eg. Dist. No.			
SURAL ord give receret hom) Sykesy11e 6 years 6 Anance of hospital (it not in hospital) give streat oddress) 9 Anance of hospital (it not in hospital) give streat oddress) 10 Anance of hospital (it not in hospital) give streat oddress) 11 Anance of hospital (it not in hospital) give streat oddress) 12 Anance of hospital (it not in hospital) give streat oddress) 13 A Webster St. 14 ADIE of Barth 15 ADIE of Barth 15 ADIE of Barth 16 COLOR OR RACE 17 MARRIED (It Not hospital) 18 ADIE of Barth 19 AGE (in years FUNDER ITEAR FUN	a. COUNTY	MARYLAND	o STATE	_	b COUNTY .		e admission)		
A MANK OF HOSPITAL IF FOR THE PROPERTY ON THE PROPERTY OF CRASES OR INSTITUTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF CRASES OR INSTITUTION OF THE PROPERTY OF THE PROPERTY OF THE PROP	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		CITY OR TOWN	If outside corporate ti			irest town)		
AMB OF DECRASED BY ST. Market St.	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUT ON	oddress)	d' STREET ADDRESS				e. IS RESIDENCE ON A FARM?		
DECRASED (Type or print) (Type or prin	pringfield tate Hospita	1	34 Webste	r St.			YES NO		
SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED S DATE OF BIRTH 9. AGG [In years If LUNDER? I YEAR IF UNDER? I ONLY IN JUNE 20 North 10 NORTH	DECEASED			OF	Month	Day	y Year 19 59		
male white widowed DIVORCED 12/8/71 Soft both by the b				9. AC	E (In years IF	UNDER I YEAR			
Miller in flour mill Maryland Washers Made Maryland U.S.A. MARYLAND MARY Boger MARY	male white WIDOWE	ED DIVORCED			87 yrs. 8	onths Doys	Hours Min		
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Frank Frush Hampstead, Md. INTERVAL BETWING ONSET AND DELY ONSET AN	during most of working life, even if retired)	KIND OF BUSINESS OR INDUS							
WAS DECRASED EVER IN U. S. ARMED FORCES? I. 6. SOCIAL SECURITY NO. NO 18. CAUSE OF DEATH [Enter on y one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSES (o) ATTERIOSCIENIOSIS Heart Disease DUE TO Conditions, if any, which gove rise to immediate cause per line for (a), (b), and (c)] Conditions, if any, which gove rise to immediate cause (o), abring the gove						Uei	S.A.		
10 yes, give were or dates of services 19-12-20 Frank Frush Hampstead, Md. 18. CAUSE OF DEATH [Enter on y one couse per line for (o), (b), and (c)] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	William Frush		Mary	Boger					
R. CAUSE OF DEATH Enter on y one couse per line for (a), (b), and (c)	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no, or unknown) (II yes, give wer or dates of service)			Hampstea					
Conditions, if any, which gave rise to immediate couse (o), stoing the under lying cause lost. Chronic other significant profiles and course of the course		ne for (a), (b), and (c)]		ase		ONS	ET AND DEATH		
Due to couse (o), stating the under lying couse lost. Chrotile of the state of the									
Chroniconers and an the deceased fram 8/9, 1959, and that death accurred at 120 M, fram the causes and an the date stated at 130 M, fra									
or nutrition, senile brain disease with psychotic reaction Enlarged 20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port I of item 18) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Enter noture of injury in Part I or Port I of item 18) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Enter noture of injury in Part I or Port I of item 18) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) 20c. TIME OF INJURY (Home farm, 20f. (City or town) 20c. TIME OF INJURY (Home farm, 20f. (City or town) 20c. TIME OF INJURY (Home farm, 20f. (City or town) 20c. TIME OF INJURY (Home farm, 20f. (City or town) 20c. TIME OF INJURY (Home farm, 20f. (City or town) 20c. TIME OF INJURY (Home farm, 20f. (City or town) 20c. (County) 20c. (City or town) 20c. (City or town) 20c. (City or	couse (o), stating the under-								
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED White Of Work of twork of two twork of two twork of two									
20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED White Of work Office bldg., etc.) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED White Office bldg., etc.) 20c. PLACE OF INJURY (Home form, 20f. (City or town) (County) (Count	or nutrition, senile brain disease with psychotic reaction Enlarged 200. ACC DENT WAS UNDERLYING 2 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 1 of item 18) Prostate								
21. I certify that I attended the deceased fram. 8/ 9, 19 59, to 2/5, 1959, that I last saw the deceased alive an 9/5, 1959, and that death accurred at 130 MM, fram the causes and an the date stated at ADDRESS (Street, city or town, slate) ACTUAL SIGNATURE SUSTAINS ABJUSTIN del Campo, M.D. PHYSICIAN'S ABJUSTIN del Campo, M.D. Sykesville Maryland 22. NAME (Type) PREMOVAL (Specify) PREMOVAL (Specify) PONERAL DIRECTOR'S SIGNATURE ADDRESS SIGNATURE 240. RECID BY REGISTRAR 240. REGISTRAR'S SIGNATURE				I and the					
alive an 9/5 , 19 59 , and that death accurred at 4:30 AM, from the causes and an the date stated at ADDRESS (Street, city or town, state) ACTUAL SIGNATURE OF CEMETERY OR CREMATORY PHYSICIAN'S NAME (Type) ACTUAL SIGNATURE OF CEMETERY OR CREMATORY PERMOVAL (Speaky) 20. BURIAL, CREMATION. PERMOVAL (Speaky) POWERAL DIRECTOR'S SIGNATURE ADDRESS AND CEMETERY OR CREMATORY PROCESS OF CEMETERY OR CREMATORY ADDRESS OF CEMETERY OR CREMATORY PROCESS OF CEMETERY OR CREMATORY PR	Hour a.m. 19 of world wo	Not while for			wn)	(County)	(Stati		
ADDRESS (Street, city or town, slote) ACTUAL SIGNATURE SUNCTION. ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE (city or town, slote) ACTUAL SIGNATUR	21. I certify that I attended the decease			9/5					
ACTUAL SIGNATURE GULLIA DEL MAD. M.D. Springfield State Hospital 9/5/59 PHYSICIAN'S Agustin del Campo, M.D. Sykesville Maryland 20. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. IOCATION (City, 1990), or county) PEMOVAL (Specify) 9-8-59 Mellow Buriah Deveral Director's SIGNATURE ADDRESS A DATE RECIDEN REGISTRAR 24b. REGISTRAR'S SIGNATURE	alive an_9/5, 19	_59, and that death	accurred at4130						
NAME (Type) 20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 9-8-59 M-CLICLUS BLOCATION (City, Joyn, or county) MCCLIC BLOCATION (City, Joyn, or county)									
20. BURIAL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. (SCATION (City, 10mm, or county) (Story)		00 , M,D.	_Syke syri	lle Marvl	and				
		Melectors				ounty)	US (Stoye)		
	6 du Clipton H	surfite al	Med 24g. R	EC'D BY REGISTRAR SEP 9'59					

funeral director, uld be filed with death. Page 4

TO HOSPITAL OF STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offs; death may be retain. The hospital or attending physician.

TO FUNETAL DIMENAL DIMENAL

VS A15 (4) 15M 9/58



18. CAUSE OF DEATH [Enter only one couse per liperfor (o), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO casse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO I 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)

factory, street, office bldg., etc.)

NAME OF DECEASED (Type or print) 5. SEX papers. corbon 13. FATHER'S NAME move 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. ending ony 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Doy, Year 20d INJURY OCCURRED g. m. While Not while at work of work 21. I certify that I attended the deceased from death accurred at ZievFM, from the causes and an the date stated above. cand thái ACTUAL SIGNATUR prior RAL DI should PHYSICIAN'S NAME (Type) FUNER 220. BUR AL, CREMATION, 226. PATE THEREOF pode REMOVAL (Specify) 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS VS A15 (4) 15M 9/55

with

o. COUNTY /

22c, NAME OF CEMETERY OF CREMATORY

240. REC'D BY REGISTRAR

ADDRESS*(Street, city or town/state)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

[County]

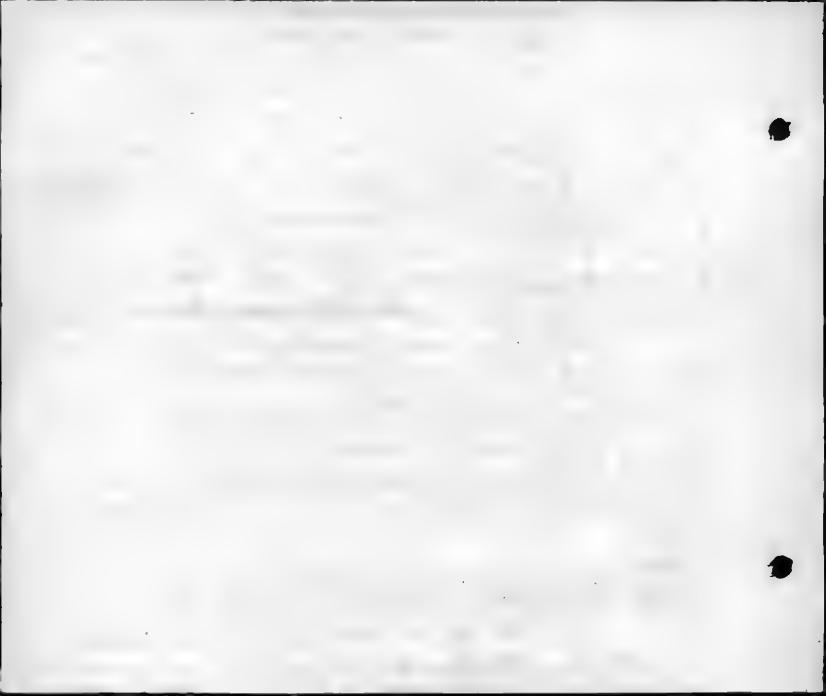
 \mathcal{L} ,that I last saw the deceased

~ (Stote)

(Slole)

SEP 1 5 '59

Circhar & Krose



CERTIFICATE OF DEATH

10090

Reg. Dist. No.

}	1. PLACE OF DEATH D. COUNTY COUNTY COUNTY COUNTY MARYLAND 2. USUAL RESIDENCE (Where deco	posed lived. It institution: Residence before admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) Humpstead 30 400 Additional and give negrest town)	proporte limits, write RURAL and give nearest fown)
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) CORAL- F- GRAHAM 4. DA OF DECEASED (Type or print)	ATH Seht 26 1959
	S. SEX A COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH WIDOWED DIVORCED Oct 15-189	9. AGE (In yours IF UNDER I YEAR IF UNDER 24 HRS last birthody) Months Days Hours Min.
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Occupation (Sive kind of work done of the control	22. CITIZEN OF WHAT COUNTRYS
1	Jahn Hunderturack Mertha	Boring
,	15 DVAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no. or unknown) A 26-03-0822- CHILDEL &	Sahou Haushter M
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinome tous Motastasis to brain	ONSET AND DEATH
	Conditions, if any, which (b) Carcinoma of the Ovary	2 years
	cause (a), stating the under- lying cause last. DUE TO (c)	
1	PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISC. 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while at work at work at work 19 foctory, street, office bldg., etc.)	(City or town) (County) (State)
	21. I certify that I ottended the deceosed from Feb. 1959, to 9-2 alive on 9-27, 1959, ond that death occurred ot 11:30 M, from 1959 alive on 1959.	6
	ACTUAL DO C PORTE & 11.100 ADDRES	S (Street, city or town, state) DATE SIGNED 1 Cand. Nd 9/28/59
1	PHYSICIAN'S M.C.Porterfield	
	220 BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. IS PEMOVAL (Specify) 9-29-59 MW 9-con	DEATION (City, town, or coupty) Lucto Ro Med
	23. FUNERAL DIRECTOR'S SIGNATURE HOLDERS HADDRESS LEGAL WELL 240. REC'D BY RE DATE SEP 3	GISTRAR 246. REGISTRAR'S SYGNATURE

TO MOSPILAL OF The Management of the Applied of Applied and Applied of Applie death. Page 4 TENEING PHYSICEN: The last shall the destrictate be exactled within 24 Eaurs

TO HOSPITAL O VS A1S (4) 15M 9/58



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIFICATE OF DEATH

10091

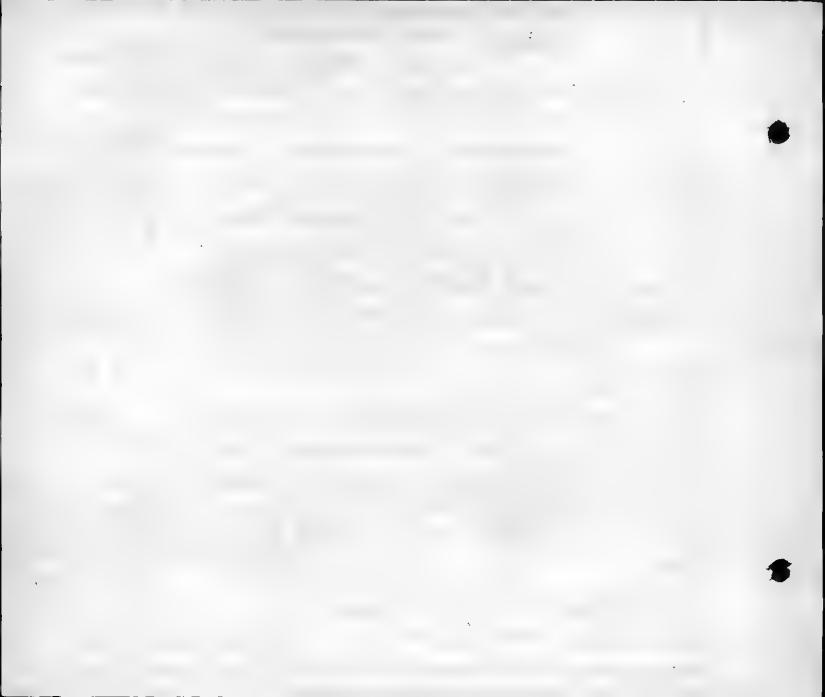
	10115	CERTIFICA	TIE OI DEATH	Reg. Dis	it. No.
	1. PLACE OF DEATH O. COUNTY CARROLL	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived If institution Resident	Rebefore admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oul	side corporate limits, write RURAL and s	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	YEARS oddress)	d. STREET ADDRESS	-SI- NEW	e IS RESIDENCE
-	MAIN STREE	7	MAIN	STREET	YES NO NO
	3. NAME OF First DECEASED (Type or print) ROSIE	Middle	AINES	OF DEATH SFPT	Day Year 27 19.59
	5 SEX 6. COLOR OR RACE 7. MARRI		B DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	1 YEAR IF UNDER 24 HRS Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or		IZEN OF WHAT COUNTRY?
	HOUSE KEEPER O	WN HOME	14 MOTHER'S MAIDEN NAI	- <i>FH IV D</i>	48#
7	JESS FLICK	INGER	CARRIE	KING	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [If yes, give wor or dates of service]		PA HAINES	WESTMINSTE,	s MD
	18. CAUSE OF DEATH [Enter only one couse per lin PART 1. DEATH WAS CAUSED BY:	te for (o), (b), and (c).]	+: C- 1:	./ /	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o) DUE TO	re vasire	andro	isease	
	Conditions, if any, which (b)			reare	years
	tying cause lost. (c)				
)	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER;	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED? YES NO
		TRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Por	t I or Part II of item 18.)	
	Hour a.m. White	HURY OCCURRED 20e. PL/ Not while foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f (City or town) (C	ounty) (Stole)
	21. I certify that I attended the decease	77.7	8, 19, to	9/27 1957, that I !	
	alive on	, and that death		M, fram the causes and an th ORESS (Street, city or town, state)	e date stated above. DATE SIGNED
,	SIGNATURE ME, Rober	bon	MD. Hent la	Vindson M.	el 9/27/s
	PHYSICIAN'S ME ROBE	RTSON	NEW W	INDSOR A	10
	220 BURIAL, CREMATION, 226 DATE THEREOF — REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY 22	rd. LOCATION (City, town, or county)	(Stole)
	23 FUNERAL DIRECTOR'S SIGNATURE	AODRESS	24a. REC'D I	NEW NINDSER BY REGISTRAR'S SIG	NATURE
	DD Herbler Y Sons	New Wind	DATE SE	100 M	Thank



CERTIFICATE OF DEATH 10094 Rea, Dist. No with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY filed COUNTY MARYLAND 18 10 b. CITY OR TOWN (If autside corporate limits, write pe. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Jutside corporate limits, write RURAL and give nearest tawn) RURAL and give negrest town) P d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES INO F pug NAME OF 4. DATE OF DEATH Middle Day Year DECEASED (Type or print) 19.5 5. SEX 7. MARRIED THEYER MARRIED AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HAS B. DATE OF BIRTH Manths Days Haurs WIDOWED [7] DIVORCED | papers. COMP 0a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

1MMEDIATE CAUSE (a) Luy **DUE TO** any Canditions, if any, which gave rise to immediate DUE TO catise (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS remayal, PERFORMED? YES NO I 2003. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State) factory, street, affice bidg., etc. Hour e.m. While Nat while at work | at wark p. m. 14-1957, that I last saw the deceased 21. I certify that I attended the deceased from 1 21 7 A.M. fram the causes and on the date stated above. and that death accurred at ADDRESS (Street, city or lawn, state) ACTUAL shaul TO HOSPITAL PHYSICIAN'S NAME (Type) TO FUNERAL 22a. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, tawn, or sounty) (Stote) poge FOREMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24a. REC'DARY REGISTRAR VS A15 (4) Ciriling S. Firmes 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

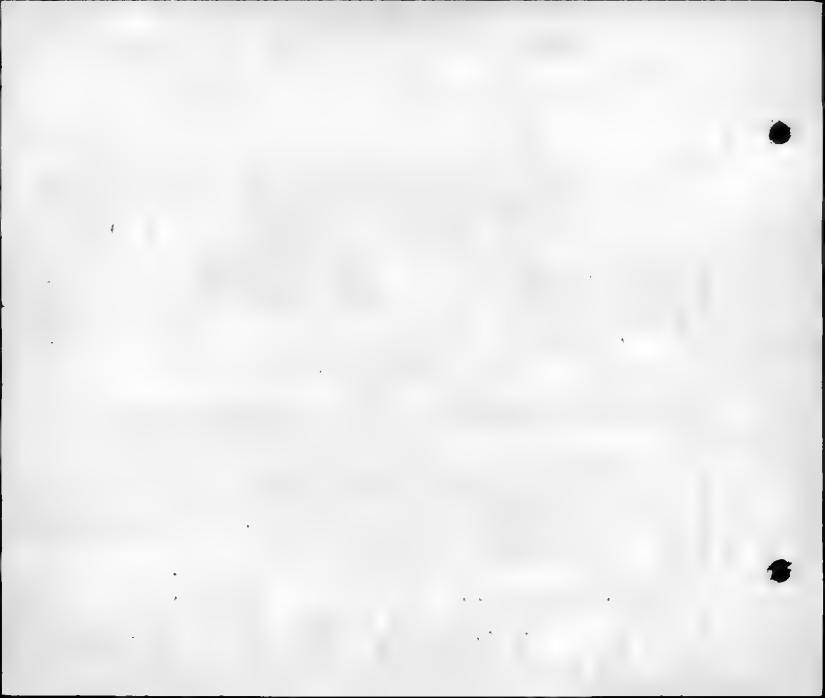


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O

VS H15 (4) 15M 9/5H

death.



eath. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

may be retain TO FUNERAL DIX

TO HOSPITAL OF

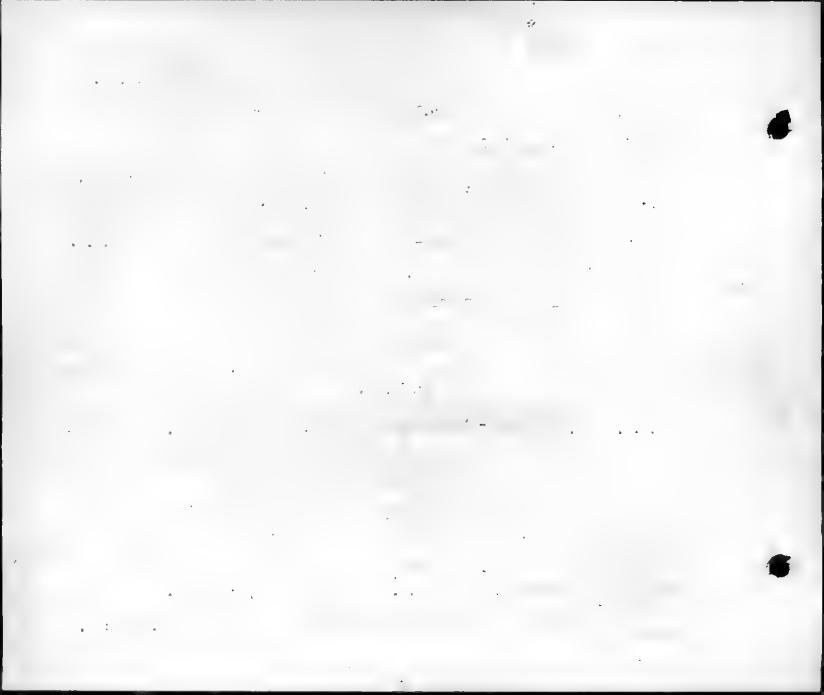
VS A1S (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10095

	10117		CERTIFIC	CAI	E OF DEATH	1		Reg. Dist	. No.
1. PLACE OF DEATH				2	. USUAL RESIDENCE (Who	ere deceose	ed fived. If instituti	an: Residence	s before admission)
	arroll		MARYLANI		a. STATE Maryl.		b. COUNTY		to.City
b CITY OR TOWN	(If autside carporate lim	its, write	c. LENGTH OF STAY IN 11	·	c. CITY OR TOWN (If a	utside carp	orate limits, write f	RURAL and go	ve neorest tawn)
Sykosville	9		3mos.19day	18	Baltim	ore 2			¥
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street			d. STREET ADDRESS				e. IS RESIDENCE
	ld State Ho	spita	1		1102 A	shlan	d Court		ON A FARM? YES NO
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Мо	nth	Day Year
(Type or print)	Wil	liam	Oliver		Houck	OF DEATH	Septe	mber	23. 19 59
S SEX	6 COLOR OR RACE	7. MARI	RIED NEVER MARRIED] B. I	DATE OF BIRTH		9. AGE /In years		YEAR IF UNDER 24 HRS
Male	White	WIDOW			May 13, 188	5	73 yrs	Manths [Poys Haurs Min
100. USUAL OCCUPATI	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE (State	or foreign i	country)	12.CITIZ	EN OF WHAT COUNTRY?
Engineer	rking`life, even if retired	" с	hemical Co		Marylan	d		Ţ	J.S.A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME			
Lloyd Ho	ouck				Mary Bal	ker			
	ER IN U. S. ARMED FOI		SOCIAL SECURITY NO.	INFO	RMANT		Ado	lress .	
(Yes, no or unknown)	(If yes, give war or dates of a	2	12-05-8408	Sr	ringfield H	osnit.	al Record	ls	
18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne far (a), (b), and (c).]						INTERVAL BETWEEN
	ATH WAS CAUSED BY:			4.					ONSET AND DEATH
1//X	IMMEDIATE CAUSE (d		ronchopneumor	1,44					Days
					4.44.		A	A -	Mandan
Canditions, if a	immediate		arcinoma of t			th me	<u> </u>	TQ	Months
couse (a), stating	the under- DUE TO)	liver and lur	igs.					
lying couse last.	- 10	c)							
PART II. OT	asoc.with	senil	contributing to DEATH B	5 0	with psychol	tic r	eaction.	VEN IN PART	PERFORMED? YES NO
THE EITHER, NOTIES	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCUP	RED (Enter nature of injury in P	art I ar Pa	rt II of item 18.)		
Y 20c TIME OF INJU	RY Manth, Day, Ye	ar 20d li	NJURY OCCURRED 20e.		OF INJURY (Hame, farm,		ly or town)	(Co	iunty) (State)
Haur a.m.	19	While at wor	Not while	factar	y, street, affice bldg., etc.	1			
					FO . See	-tamb	am 22 EC		
			ed fram June 4,						
alive onSE	ptember 23	<u>, , 12 </u>	59, and that dec	ith a	ccurred at 8:43P				date stated above
ACTUAL _	Da it	-	1.10.				Street, city or town,		DATE SIGNED
SIGNATURE	RELIER	11 d	U Camp	70h.	Springfie	eld S	tate Hosp	ital	9/24/5
PHYSICIAN'S NAME (Type)	Agust	in de	1Campo, M.V.		Sykesvil:	le, M	aryland.		
22a. BURIAL, CREMAT			22c NAME OF CEMETERY			22d LOC/	ATION (City, tawn,	or county)	(State)
REMOVAL (Specify Burial	9-28-195	59	New Cathedr			Edmo	ndson Ave	.Bal to	
23 FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		24a, REC'E	BY REGIS		ISTRAR'S SIG	
My morn	26.76	1 16 -	~ 123502	1.	L'QU DATE \$			William &	Krauk
I OLL ATTYPE "	JAX ILAN	VICA	S Col Ster	Low	CULL DATE	941 5 0		1 40,	





TO HOSPITAL OR

VS A15 (4) ISM 10/57

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
10119	CERTIFICATE OF DEATH	P.

10097 Reg. Dist. No.

										
1. PLACE OF DEATH o. COUNTY Ca.	rrell	# E 11	MARYL	- 11	2. USUAL RESIDENCE (WHO STATE	nere deceased	lived. If institution b COUNTY	m: Residence	before odm	esion)
Spring:		te Hospi		м 16 768.1 3	c. CITY OR TOWN (IF o		ote limits, write RI	JRAL and giv	4	
OR INSTITUTION	Sykesville	ive street oddres	15)		STREET ADDRESS	ا	He.S	Ł	ON	FSIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Milliam Milliam	at	Middle		Judd	4. DATE OF DEATH	Sept.	5th	Day	Yeor 19 5 9
5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED		3 /23 / 190	_	9 AGE (In years last bethdoy) 58 yrs.	Months D	YEAR IF UN	
no no	IION (Give kind of work orking life, even if retired)	OF BUSINESS OF	TRUCHI S	11. BIRTHPIACE (Stole		untry)	12. CITIZ	USA	AT COUNTRY
13. FATHER'S NAME	n Judd				14. MOTHER'S MAIDEN N					
IS. WAS DECEASED BY	VER IN U. S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO.	17 INF	Elizabeth	Melyer	Addr	PSS		
[Yes no or up nown]	(If yes, give wor or dates of s	ervice)	X		Records Spri	ngfiel			tal	
	the under-	Mar		TH BUT N	Enlargemen			EN IN PART 1	I(o) 19. WA	S ALTOPSY FORMED?
200. ACCIDENT WOR CONTRIBUTING	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)				(Enter nature of injury in I	Port I or Part	(1 of item 18.)	· · · · · ·	YES [O NO.
20c. TIME OF INJU Hour e. m. p. m	10		Nat while	20e. PLAC facto	E OF INJURY (Home, form ry, street, office bldg., etc.	20f (City	or lawn)	(Co	unty)	(State)
21. I certify to alive on	Myron Nizar	12 39 Nizau		death o	ccurred ot 2/45	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	the couses of eet, city or town.	nd on the	dote sto	e decease ited obove DATE SIGNE
	ON, 22b. DATE THEREC		NAME OF CEME	TERY OR	Canalan,	22d. LOCATI	ON (City, town, o	r county)	all	ote)
FUNERAL DIRECTO	er's SIGNATURE	in the	ADDRESS	60	24a. REC	By secial	0	TRANS NIGH		



VS A15 (4) 15M 9/SB

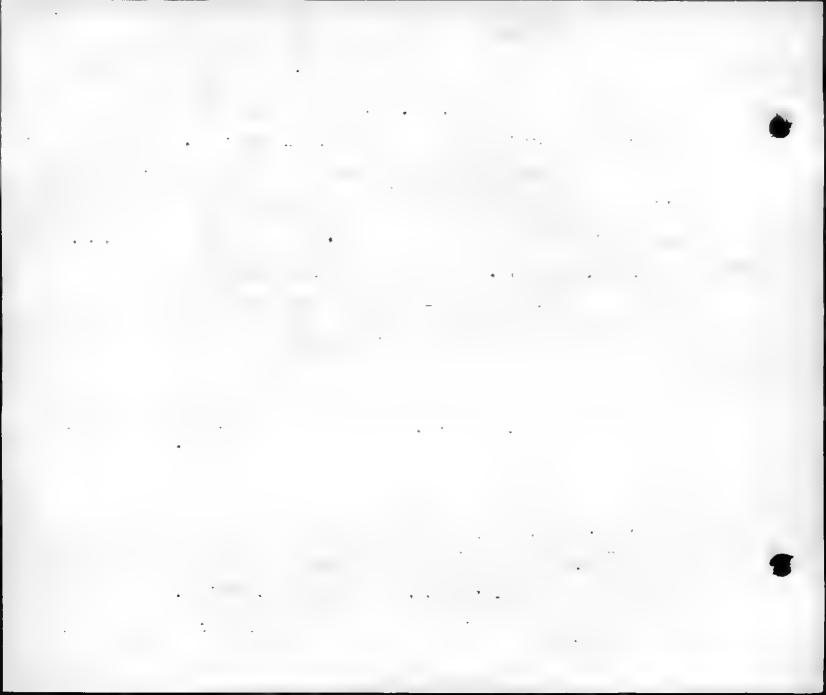
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e funeral director,	should be filed-with		M
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ysicion and completely filled in by tuneral direct	ove carban papers. Pages 1	un oftendeath	
d b	ren	2 2	_

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10120

CERTIFICATE OF DEATH

10098

				Reg. Dist	. No.				
PLACE OF DEATH O. COUNTY Carroll MAN	RYLAND	2. USUAL RESIDENCE (Whe o. STATE Marvl	- L CC	NA COLUMNIA	before admission)				
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If au							
RURAL and give negresi town) Sykesville 9yrs.6mos				wille KOKNE GIVO BI	1001011 104117				
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS			e IS RESIDENCE ON A FARM?				
Springfield State Hospital		29 Holms	hurst Ave.		YES NO				
3. NAME OF First Middle (Type or print) Alden Brewer	le	Lawson	4. DATE OF DEATH Sept	Month ember	23, Year				
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARI	RIED 🔼 B	DATE OF BIRTH	9. AGE (In	years IF UNDER 1 hday) Months [YEAR IF UNDER 24 HRS				
Male White WIDOWED DIVORC	ED 🗌	November 22,1	.913 45	yrs.	Days Hours Min.				
10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS during most of working life, even if retired)	OR INDUST	TRY 11 BIRTHPLACE (State o	r foreign country)	12. CITIZ	EN OF WHAT COUNTRY				
X Clerical -		Maryland		U	S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME						
Alden B. Lawson, Sr.		Bessie Mi	tchell						
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	IO IN	FORMANT		Address					
No -	S	Springfield Ho	spital Red	ords					
IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c	:).]				INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral	bronch	nonneumonte			Davs				
4411 DUE TO									
Conditions, if any, which)	Conditions if any which \								
gave rise to immediate Dus To									
lying cause last, (c)									
	EATH BUT N	NOT RELATED TO THE TERMIN	IAL D SEASE CONDITION	DN GIVEN IN PART	1(a) 19. WAS AUTOPSY				
Psychosis associated with organic	chang	ges of nervous	system, b	irth	YES PO NO				
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D Psychosis associated with organic 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED.	. (Enter nature of injury in Pa	ort I or Part II a HES	19)					
	20e. PLA	CE OF INJURY (Hame, farm,	20f. (City or town)	iCo	ounty) (State)				
Hour a.m. While Not while	facto	ary, street, affice bldg., etc.)		,					
21. I certify that I attended the deceased fram March	2	LEE SOT	tombon 23.	- £0	t saw the deceased				
alive an September 23, 19 27, and the	at death	accurred at 8:45A	A, fram the caus DORESS (Street, city at		date stated above				
ACTUAL Constant dell Character	An		, , ,		0/02/50				
SIGNATURE CLESTICATION CELY CANALY	M. W	LD Springfiel	d State Ho	Spiral	7/23/59				
PHYSICIAN'S Agustin delCampo, M.D.	•	Sykesville	, Maryland	l.					
220. BUR.AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CE	METERY OR	CREMATORY	22d. LOCATION (City,	tawn, ar county)	(State)				
Burnel 9/26/27 +orr	acu	-	BUCO	Co.	me				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	20	1 = 14-1 11 - 1	g	, REGISTRAR'S SIGI					
Mac Man + 40n a	(8	DATESEP	28 29	Circhan & A	roana				



VS. A15ME(5) 5M 9/55

William Cook, Inc., 1217 St. Paul S reet DATE SEP 1 5 '59

Cirthur & Krand

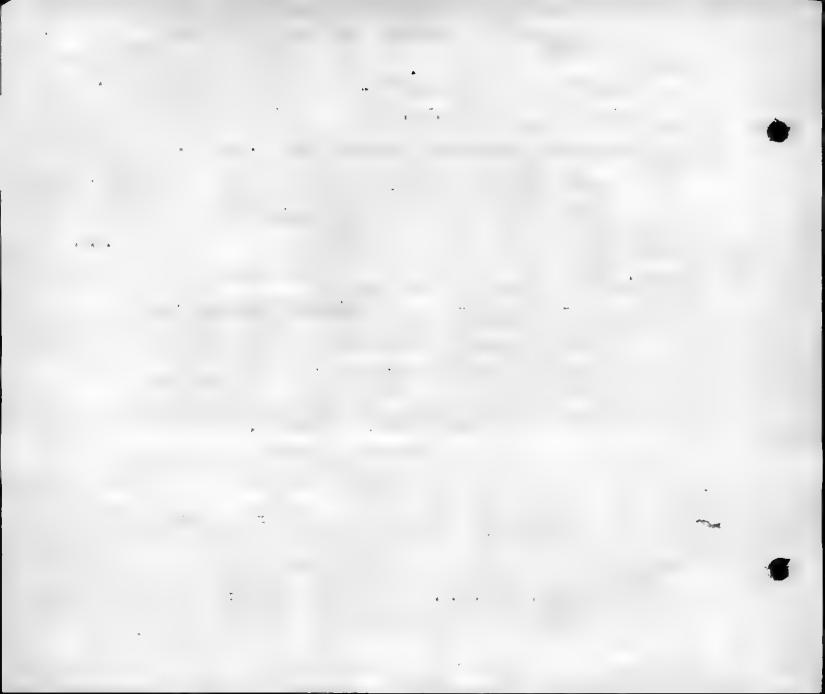
ON A FARM?

Year

1959

NO [

(State)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10122

CERTIFICATE OF DEATH

10160

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY Carroll b. COUNTY Baltimore City o. STATE Marvland MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville Baltimore Llyrslimth 27dys. d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE Springfield State Hospital. ON A FARM? 1629 Kingsway Road. YES NO C.Lippert 4. DATE DECEASED Thomas DEATH (Type or print) 19 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. B. DATE OF BIRTH 77 Months Days Mala White WIDOWED | DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Maryland Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John G. Lippert Agnes Kellen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Hospital records no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Intestimal obstruction due to volvulus. days IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which Broncho-pneumonia hours gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. CERTIFICATION PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO NO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) factory, street, office bldg., etc.) o. m. of work of work 159 that I last saw the deceased 21. I certify that I affended the deceased from 3-7and that death occurred a COLA M, from the causes and an the date stated above DATE SIGNED ADDRESS (Street, city or lown, stole) Springfield State Hospital. ACTUAL SIGNATURE Sykesville, Maryland. Agustin del Campo M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) Burdal Loudon Park Cem-Balto. SEP 2 8 59 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

be filed with

SY 10 HOSPITAL TO FUNERAL B Poge 3 should

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FUNERAL DIV

VS A15 (4)

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			Reg. Dist. No.							
1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (WILL O. STATE Mary	nere deceased lived. If institution, Resident b. COUNTY Balt	ce before admission)					
	**** - * - * - * - * - * - * - * - * -		1	putside corporate limits, write RURAL and s						
RURAL and give r	neorest town)	Llyrs.6mos.	Baltin		Bine negress rown)					
			d STREET ADDRESS	iore S. A.	e. IS RESIDENCE					
OR INSTITUTION	talla Chaha Ma	and tal		Stanton Ave.	ON A FARM? YES NO 1					
3. NAME OF	ield State Ho									
DECEASED (Type or print)	John John	Joseph	McNamara	4. DATE Month OF September	14, 19 59					
S. SEX	1	MARRIED NEVER MARRIED	B. DATE OF BIRTH	- a lost birthdoy) Mantal	Days Hours Min.					
Male		DOWED DIVORCED	September 6							
 USUAL OCCUPATI during most of wor 	ON (Give kind of work done rking life, eyen if retired)	106 KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country) 12 CITI	IZEN OF WHAT COUNTRY					
Letter	carrier	-	Maryland	1 0,	.S.A.					
13. FATHER'S NAME	•		14. MOTHER'S MAIDEN I							
John Mc			Elizabeth							
(Ym, no, or unknown)	ER IN U. S. ARMED FORCES' (If you, give war or dates of service		INFORMANT	Address						
No	•	-	Springfield H	ospital Records						
		per line for (o), (b), and (c).]			INTERVAL BETWEEN					
PART I DE	PART I DEATH WAS CAUSED BY Arteriosclerotic Heart disease									
Conditions, if ony, which) Generalized arteriosclerosis										
Conditions, if	years									
gove rise to couse (b), stating										
lying couse lost.										
Page 11. OT	HER SIGNIFICANT CONDITI is with coreb	ons contributing to DEATH BU ral arterlos cero	Sis in a psyc	na. Disease condition given in Par noneurotic setting.	PERFORMED? YES NO X					
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Part I or Port II of item 1B)						
20c TIME OF INJU			LACE OF INJURY (Home, form octory, street, office bldg., etc		County) (State					
			££ . e.	antember 11.50						
	hat I aftended the de	ceased fram March 7.		eptember 14959.that I lo						
ative on Dep	tember 14,	19.59, and that deat		M, from the causes and an the	e date stated above					
ACTUAL	questin d	lel Campo		ield Hospital Recor	ds 9/15/59					
PHYSICIAN'S NAME (Type)	Agustin delC	Sampo, M.D.	Sykesvi	lle, Maryland						
720 BUR AL, CREMATIC REMOVAL (Specify	9-18-5	22c, NAME OF CEMETERY C	S GOVANS	22d. JOSATION (City, town, or county)	(State)					
23. FUNITED DIRECTOR	es signature of	Saw 1/8 W M	240. REC	D BY REGISTRAR 24b. REGISTRAR'S SIG	- A					
	1	71 77 77 77	Oher							
			CUI							

TO HOSPITAL OP ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 12 moves.

The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by refound to page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

death. Page 4

funeral director, ald be filed with

M



CERTIFICATE OF DEATH

10103

Rea. Dist. No.

*	
M)

death. Page

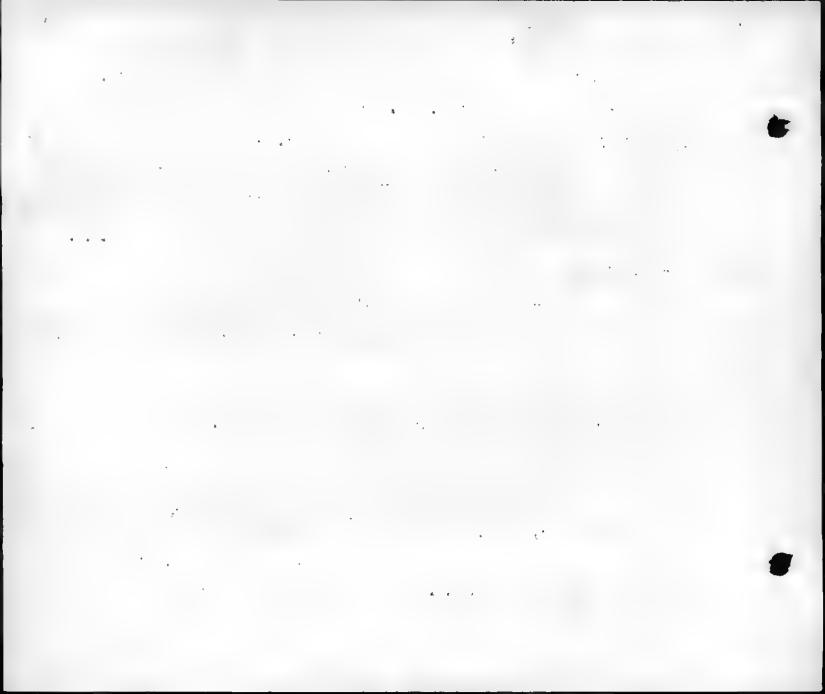
ond commetely filled in by mer funeral director, bon popers. Pages 1 and 2 should be filed with greath. TO HOSPITAL OF ITENDING PHYSICIAN: The low requires that the death certificate be exmoy be retain the hospital or attending physician.

TO FUNERAL DIFFICIAN: After this certifical has been signed by the ottending physician and page 3 should be detached for use as the buriol-transit permit. Then please remove carbon the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer de

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

VS A1S (4) 1SM III/S8

	PLACE OF DEATH			SUAL RESIDENCE (Whe	ere deceased liv		Residence	before admi	ssion)
	carrol1	MARYLAND	0	. STATE Maryla	and	b. COUNTY	Balto	.City	
	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C.	. CITY OR TOWN (If ou	itside corporate	limits, write RUR	AL and giv	e nearest tov	wn)
	Sykesville	30yrs.3mos.16	lay	s Baltin	nore		•	. ogt a	
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)		STREET ADDRESS					ESTDENCE A FARM?
- 5	Springfield State Hospita	1		7 W. V	Vest St	reet		_	NO [
	NAME OF First DECEASED (Type or print) Margaret	Middle	M	iller	4. DATE OF DEATH	Septemb	er 3,	Day	19 ⁵ 9
S. :	SEX 6. COLOR OR RACE 7. MARR	HED NEVER MARRIED	8 DA	TE OF BIRTH	9 ,	the state of the s		YEAR IF UND	
	Female White WIDOWE	ED DIVORCED	Fe	bruary 23,	1893	66 yrs	Months Do	oys Hours	Min
10c	USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)	KIND OF BUSINESS OR INDU:	STRY	II. BIRTHPLACE (Stote of Maryland	r foreign count	ry)		NOF WHAT	COUNTRY?
13.	FATHER'S NAME		14.	MOTHER'S MAIDEN NA	AME				
	Joseph Miller			Mary Daile	ey				
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFOR	MANT		Address	S		
(14	No (If yes, give war or dates of service)	. Sp	orin	igfield Hos	pital R	ecords			
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).]						INTERVAL 8	BETWEEN
	PART I. DEATH WAS CAUSED BY. Car	cinoma of unkn	lown	origin wi	th meta	stasis		ONSET AN	BYS
	199.2 DUE TO								
	Conditions, if ony, which) (b)								
	gove rise to immediate DUE TO								
	lying couse lost. (c)								
TION	Sociopathic personality	ONTRIBUTING TO DEATH BUT	an	RELATED TO THE TERMIN	action.	ONDITION GIVEN	I IN PART I	(o) 19. WAS	ORMED?
FIG.								YES [NO 24
CERTIFICATION	206. ACCIDENT WAS UNDERLYING [] 206. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Ent	er noture or injury in re	off Lor Politie	or Hem 16)			
MEDICAL		Z		F INJURY (Home, form, street, office bldg., etc.)		fown)	(Cou	unty)	(Stote)
MEC	Hour o.m. While of worl		,,	order, order					
	21. I certify that 1 attended the decease	ed from November	11	1958 to Sep	tember	3, 1959 th	at 1 last	saw the	deceased
	alive on September 3, 195								
	ē/	11 1		A	DDRESS (Street	, city or town, sto	ate)	D#	ATE SIGNED
	SIGNATURE // TOMENCE	gargo slup	M.D.	Springf	ield St	ate Hosp	oital	9/4	/59
	PHYSICIAN'S Thomas and Marry	N D		Codes and	33. Me	and and			
	NAME (Type) Francesco Magr	0, M.U.		Sykesvi	.1.10 p 178	CLATRUIC			
220	BURIAL, CREMATION, 22b. DAYE THEREOF REMOVAL (Specify) 10 LUNIA 9 5 9	120c NAME OF CEMETERY O	OR CRE	MATORY Cometers	22d. LOCATION	Clare	county)	Bed ish	ote)
23.	FUNEMAL DIRECTOR'S SIGNATURE	ADDRESS 955 foult	e il	240 RESP DATE S	EP 1 1 '5		LLUT &	4 -	
-/					:				





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Page 4

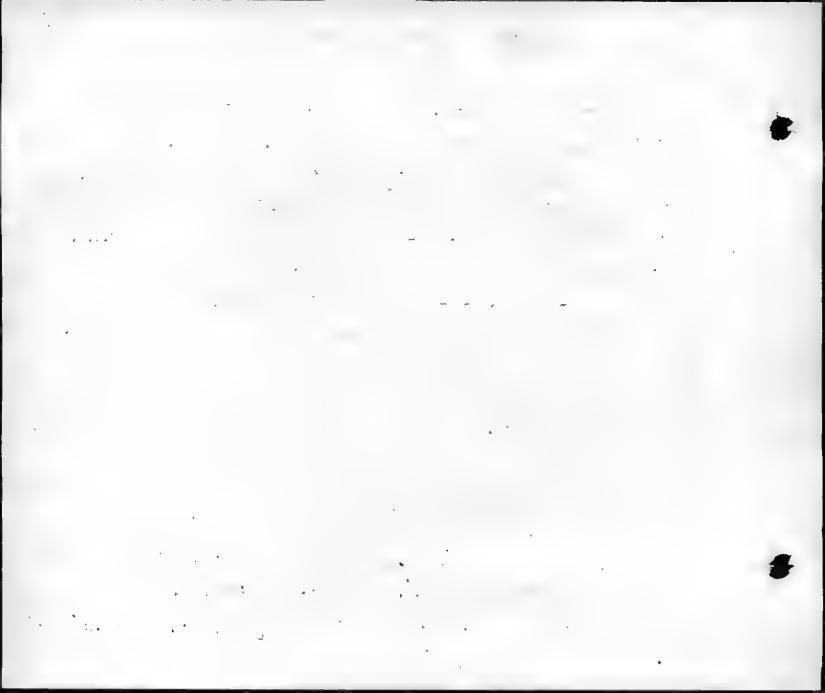
death

MARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE, 18
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10105

		1012	26	CERTI	FICA	TE OF DEA	ATH	ı		Reg. Dist	No.		
1.	PLACE OF DEATH COUNTY CB	rroll		MARY	LAND	2. USUAL RESIDENCE O. STATE	CE (Wh		b COUNTY			odmiss	ion)
Г	b. CITY OR TOWN (IF	autside carporate lim	ıts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	N (If or	utside corpo	rote limits, write R	URAL and giv	е перте	st lowr	1)
	Sykesvil			2mos.18da	VS.	Ba	lti	nore l	4	4			
	d. NAME OF HOSPITA	L (If nat in hospital,	give street o			d STREET ADDR					e		IDENCE FARM?
		eld State	Hospi	tal		51	6 W.	Faye	tte St.				NO [
3	NAME OF DECEASED	Fi		Middle		Last		4. DATE	Mor	oth	Day	-	Year
	(Type or print)	Hen	man	Fred	1	Nerking		OF DEATH	Septe	mber	24.		19 59
\$.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D 🛣 B	B. DATE OF BIRTH			9. AGE (in years lost birthday) 68 yrs.	IF UNDER 1		-	
	Male	White	WIDOWE	1		April 17,				Months D	lays I	lours	Min.
10	during most of worki	N (Give kind of working life, even if refired)	dane 10b K	IND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE	(State o	or foreign co	ountry)	12.CITIZE	NOF W		OUNTRY
13	. FATHER'S NAME			6.1010		14. MOTHER'S MAI		AME					
	Unknown					Unkno	WILL						
	. WAS DECEASED EVER	IN U.S. ARMED FOR		OCIAL SECURITY NO	IN	IFORMANT			Add	ress	-		
1	No	yas, give wor or const or	21	2-14-2005		Springfie	ld I	Hospit	al Recor	ds.			
	PART I. DEAT	TH [Enter only one co 'H WAS CAUSED BY: IMMEDIATE CAUSE (c	10	for (o), (b), and (c).] letastatic		cinoma					ONSET	AND	TWEEN DEATH
	154% Conditions, if an	DUE TO y, which) (b	-	Cancer of t	the r	rectum					M	onti	hs
	gove rise to im cause (a), stating the lying cause last.	mediate (
CATIO	Chronic H	er significant con Brain Synd:	_	ONTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO THE	TERMIN	NAL DISEASI	CONDITION GIV	EN IN PART	, , ,	WAS PERFO	RMED?
CIIIITIE	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	206. DESC	RIBE HOW INJURY OF	CCURRED	. (Enter nature of inju	ury in P	art I or Port	t II of item 18.]				
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Ye	While	URY OCCURRED Not while at work		CE OF INJURY (Hame lory, street, office bld			ar tawn)	(Co	unty)		(State
				d fram July 9, and that			OOA	M, from	the causes an	d an the			
	ACTUAL SIGNATURE	gustin	de	1 Carry	bu N	Spring			te Hospi		9,	/24,	/59
	PHYSHEIAN'S NAME (Type)	Agusti	n del	Campo, M.D.	•	Sykesv	111	e, Mai	ryland.				
j	O. BURIAL, CREMATION REMOVAL (Specify)	9-28-	59	Make THE	6.700	mortal Ta	线	Kille	HON (City, town,	or sounty)	149	(Stol	100
23	FUNERAL DIRECTOR'S	SIGNATURE .	19 6	ADDRESS POPECUL	ille,	9.14. DA	- 0	EY REGIST	759 246. REGI	STRAR'S SIGN	That	14	7

VS A15 (4) 1SM 9/SB





DATE

death.

certificate be executed w

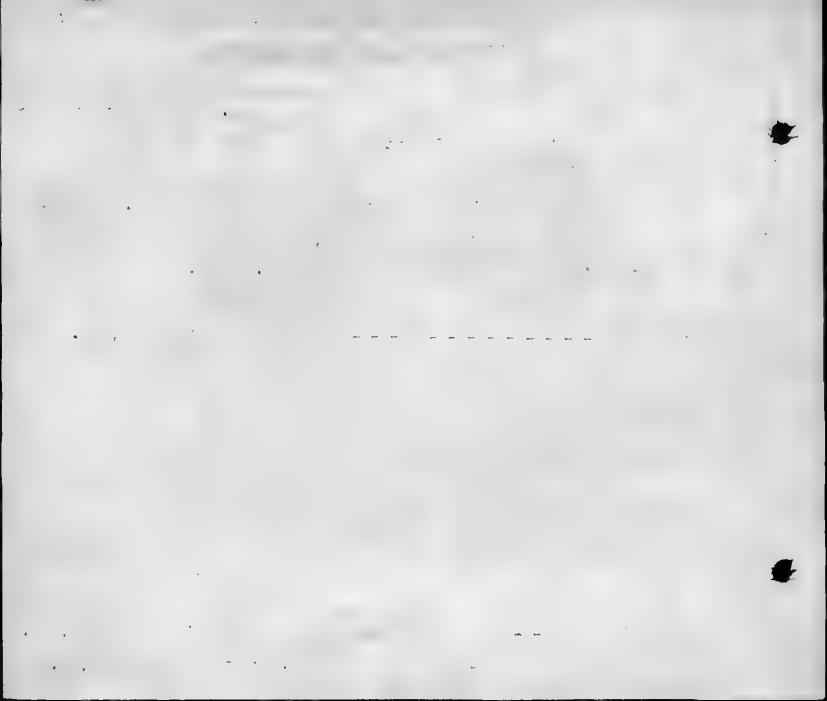
INSTRUCTIONS

CERTIFICATE OF DEATH

10128

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASES	
COUNTY Carroll MARYLAND	STATE Penna. COUNTY NOT	theumberla
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give near	
OR and give nearest town) TOWN (In this place) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	TOWN rural Sunbury	1 *
Langa Langeman T Wonten		j
HOSPITAL OR INSTITUTION OR PROPERTY PORT	STREET (If rural give location) ADDRESS	
street Address home -ars. I.N. Herman		
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month)	(Day) (Year)
(Type or Print) Agnes Verdilla Net	WEER DEATH SCPt.	29 1959
	OF BIRTH 9. A GE lest birthdey IF UNDER	1 YEAR IF UNDER 24 HRS.
enale White Spacify Widowed Apr	11 23, 1880 75 yn. Months	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (Stella or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if refired) Housewife OWN HOME	Snyder Co. Penna.	селиця; 🔻
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_	Mary Burkey	
Oliver Snyder	mary Darkey	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
Yes, no, or unk.) (If Yes, give wer or dates of service)	- Fred Herman Finksburg	, Md.
18. MEDICAL CI	ERTIFICATION	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
I'MMEDIATE CAUSE (A) BRONCHO GEN	IC CARCINOMA	2 w/s.
	TC Gameration 77	
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		
STATING UNDERLYING CAUSE LAST. DUE TO APTERIO SCIEROTIC	C.V. DISEASE	YEARS
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	. C.VI / DE/13L	1614112
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
98. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
A ACCIDENT MAS INDEPLYING CO. DIAGON	of Walter Dis allian occurs year.	YES NO
ite. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, ferm, fectory, DR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) IF EITHER, NOTIFY MEDICAL EXAMINER	21c. WHERE DID INJURY OCCUR? (City or town) (Coun	ty) (Stata)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
M. at work st work		
	17 . 64 \100 10 . 54	
22. I hereby certify that I attended the deceased from	19 - 19 - 10 - 10 - 10 - 10 - 10 - 10 -	last saw the deceased
alive on SECT. 28, 19.59, and that death occurred	at. / O. i. K. M, from the causes and on the date states	d above.
SIGNATURE	ADDRESS (Street, city, town, stete)	DATE SIGNED
Miartin E Style M.O.	48 MAIN ST. DETSTERSTOWN	MD. 724
3. BORIAL CREMATION. I DATE THEREOF I NAME OF CEMETERY C	DR CREMATORY LOCATION (City, town, or county)	(Staté)
REMOVAL (SPECIFY)		
4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		ADDRESS
OCT 1 59 Britha & Kings	John R. Byers Westmins	ter.Md.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10108 10129 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY Mary Land b. COUNTY Carroll MARYLAND Carrol1 death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest fown)
Rural, Westminster (Rural, Westminster 12 Years d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Westminster, M. R-1 (Silver Run) Mestminster, Md. R. D. 1 (Silver Run) YES NO NAME OF 4. DATE Middle DECEASED 19 59 Nu11 Louise September, 14 Margaret DEATH (Type or print) 9. AGE (In years last birthdoy) 84 vrs. IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 B. DATE OF BIRTH Days White Female WIDOWED TO DIVORCED [7] 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Retired - Housework Her own home (Ret.) Carroll Co., Md. U.S.A. puo corban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Hosefeld Tomise Rinehart 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address W. Oscar Null, Westminster, Md. R.D.1 No None ending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO BRONCHIAL Conditions, if any, which ! gove rise to immediate DUE TO casse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES 🗔 NO 🗁 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. Not while at wark T of work p. m. 1957 that I last saw the deceased 21. I certify that I attended the deceased from. and that death occurred at 8-15 ft. M. from the causes and on the date stated above. alive on ADDRESS (Street, city or lown, stote) **ACTUAL SIGNATURE** PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) poge REMOVAL (Specify) Valley, Carroll Co., Md. Bachmans Valley Cemetery Bachmans 9 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR DATE SEP 1 6 '59 Orthur & Kines VS A15 (4) Littlestown, Pa.



22c. NAME OF CEMETERY OR CREMATORY

Hartord Rd

Sykesville, Maryland

24n, REC'D BY REGISTRAR

DATE SEP 2 9 '59

22d. LOCATION (City, tawn, ar county)

24b REGISTRAR'S SIGNATURE

arthus & Theres

(State)

MSIVE MOSPITAL (4) SIVE MOSPITAL (5) SIVE MOSPITAL (6) SIVE MOSPITAL (7) SIVE MOSPITAL (6) SIVE MOSPITAL (7) SIVE MOSPIT

TOR

shauld strar pr

PHYSICIAN'S

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Frank Magro, M.D.

22b. DATE THEREOF

director.

era

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elely

a.

COM

and

physician

(3)

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signed



VS. A15ME(5) 5M 9/55 M

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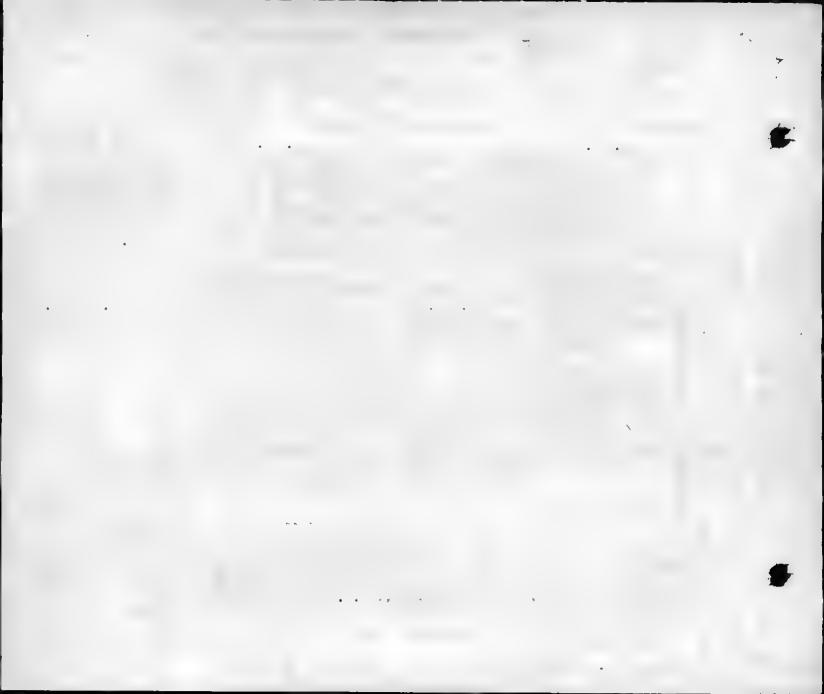
Reg. Dist. No.

	PLACE OF DEATH						2. USUAL RESIDE			ed lived. If instit			mission)
-	b. CITY OR TOWN (II.	arroll			MARYL	إكتنت	,		land		Ua.	rroll	
	Sykesvil	•	RUKAL	5yrs					stead	orote limits, write	RURAL and	give nearest	lown)
	d. NAME OF HOSPITA				nt address)	ĺ	d. STREET ADDRESS						RESIDENCE N. A. FARM?
	Springfi	eld State I	iospit	al			None						□ NO []
	NAME OF DECEASED	Fin	•		liddle		Lost		4. DATE OF	Mont	h	Day	Year
	(Type or print)	Charlot		rginia			n Rinama	n	DEATH		ember	17,	1959
5. :	SEX	6. COLOR OR RACE			MARRIED					9 AGE (In years fast birthday)	Months D	YEAR IF UN	DER 24 HRS.
	Female	White	WIDOWE		ORCED _		December			88 yrı.	Months L	Adys Pidur	Min.
100	. USUAL OCCUPATIO	N (Give kind of work on the life, even if refired)	ione 10b. K	IND OF BUSIN	IESS OR IN	IDUSTR'	r 11. BIRTHPLACI	E (Stote o	or foreign co	ountry)	12. CITIZ	EN OF WHA	T COUNTRY
\	Housewife			-			Mary	land	!			U.S.A.	
13.	FATHER'S NAME						14. MOTHER'S MA			0 .			
	Daniel Who						Char	lott	8	1305.	301	\	
15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FOI (If yes, give wor or dates of I		SOCIAL SECUR	ITY NO.	17. INI	ORMANT			Address			
	No	-		-		· ·	Springfi	eld	Hospit	tal Reco	rds.		
		Hi Enter only one cau	le per line l	or (a), (b), one	d (c).]							INTERVAL BET	WEEN
	PART I. DEATH	H WAS CAUSED BY: MMEDIATE CAUSE (a)	He	morrha	ge in	to	left ple	ura				hour	8
	L5/X	DUE TO			_						-		
	Conditions, if an		D:	ssecti	ng An	eur	ysm of th	he a	rch of	the ao	rta	year	9
	(a), stating the u		4.0										
_	cause lost.) (c).		terios								year	
CERTIFICATION	C.B.S.ass	er significant coni	th ser	ille br	ain d	ise	ase with	psy	chotic	condition GI	VEN IN PART	1(a) 19, WA: PERI YES T	ORMED?
	20g. EXTERNAL CAUS PRIMARY ID or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	o. DESCRIBE	HOW INJURY	OCCURRE	ED. (Eni	or noture of injury	in Part	l or Pari II o	of item 18.)			
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea		NJURY OCCUR	RED 20e.	PLACE	OF INJURY (Hom	e, form,	20f. (City	ar tawn)	(Coun	ily)	(State)
WED	Hour o, m, p. m,	9/16/ 195	9 While	Nat whi	ot I	Host	ital	ig , etc.)	Syke	sville	Carı	coll	Md.
	21. I certify the	at I taak charge								spection 🕱	Inquiry	3, and	
		fram: Natural o		_			, promp	nicide		determined ([34, 6416	Ting Ind
	ACTUAL SIGNATURE	rener I	_/	lean	xh		M.D. CHIEF MEDI	ICAL EXA	AMINER [DATE	CENTOIZ
	EXAMINER'S NAME (Type)	James T.	Marsl	n, M.D.					L EXAMINER	_		9/1	7/59
120	BURIAL CREMATION REMOVAL (Specify)	9-19-	59	27c. NAME OF	CEMETER	YORC	REMATORY		27d LOCATI	ON (City, town,	or county)	11	ote) 1
23.	FUNERAL DIRECTOR'S	SIGNATURE,	77	ADDRESS	1 L	- /	71 / 24	a. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S SIGN	NATURE	
	adio &	Tepton	- 14	aus.	ralie	ret	Well DI	GEP 2	2 2 '59	Carth	un & tru	aud	



within

MEDICAL



10112

10133 CERTIFICAT

CERTIFICATE OF DEATH

Reg. Dist. No.

	70700						Keg. DIST	. No.			
1. PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE							
	arroll	MARYLA	AND		yland	b. COUNTY	Balt	imore .			
b. CITY OR TOWN (I RURAL and give no	Foutside corporate limits, s	write c. LENGTH OF STAY IN	V 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	ille (Rural)	4 y 3 m 15	a l	Balt	imore		77.				
d NAME OF HOSPIT	'AL (If not in hospital, give			d. STREET ADDRESS	e IS RESIDENCE						
Springfi	eld State Ho	spital		17 S	et	YES NO TO					
3 NAME OF	First	Middle		lost	th	Day Yeor					
(Type or print)	Anna			Schech	OF DEATH	Sent	ember	1 1959			
5. SEX		MARRIED NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years		YEAR IF UNDER 24 HRS.			
Female	White w	IDOWED TO DIVORCED		April 13.	1875	lost birthday)	Months [Days Hours Min.			
100. USUAL OCCUPATIO	ON (Give kind of work done	106. KIND OF BUSINESS OR				ountry)	12. CITIZ	EN OF WHAT COUNTRYS			
Housey	ung life, even if retired)			Maryl	an d			U-S-A-			
13. FATHER'S NAME	<u> </u>			14 MOTHER'S MAIDE				Valla			
	Conrad Schr	roll			Mar	Teneralist a	Kei	ממ			
15. WAS DECEASED EVE	R IN U. S ARMED FORCES	7 16 SOCIAL SECURITY NO	17 INF	ORMANT	1101	Add	1022 1 T	<i>FF</i>			
No.	I'll yes, give war or dates of service	4)		pringfield	Chata '	Unamital.	Danama	3			
	TH Enter only one couse	per line for (o), (b), and (c).]		Thranktroad	DURIE	HONDTWAT	HE COL	INTERVAL BETWEEN			
	TH WAS CAUSED BY:	Coronary Ocelu	ef or					ONSET AND DEATH			
420.1	IMMEDIATE CAUSE (o) DUE TO	OOLOHALY OCCAR	STOT					Hours			
Canditions, if a		Arteriosclerot	io o	endi oreani	law dia	0000		Vacue			
gove rise to in	mmediate (AL COLLOGOZOL GO	100	ar drovascu	Tar ATS	case		Years			
couse (a), stating lying couse lost.		Bronchopneumon	d a					Davs			
	ER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TE	PMINIAL DISEAS	F CONDITION OF	ENI INI BART				
5 psycho	tic reaction	rome associate	d Wi	th senile	brain d	isease wi	ith	PERFORMED? YES NO K			
200. ACCIDENT WA OR CONTRIBUTING U (IF EITHER, NOTIFY	S UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	CURRED	(Enter nature of injury	in Port I or Par	t II of item 18 }					
3 20c. TIME OF INJUR	Y Month, Day, Year	20d, INJURY OCCURRED 20	Oe. PLAC	E OF INJURY (Home, I	form. 20f. (City	or lown)	(Co	unty) (Slale)			
20c. TIME OF INJUR Hour o. m p. m.		While Not while	focto	ry, street, office bldg.,	efc.)		(00	vii() (31012)			
	at Lattended the de	ceased from July	1.	1057 10	Sentenh	er 7 10 50	O that I la	at any the decreed			
alive on Sept	ember 1.	12.59 , and that d	laath c	covered at 7 ell	O A M. Co.	زاند ا والمسلمة ما مسلم ما ا	z.,ingi i iq	e date stated abave.			
GILLO GUISCEDES	,, j	ne na mara	edili c	iccorrect di Tariba		treet, city or town,		date stated above. DATE SIGNED			
ACTUAL	Rida A.	Malin		Smminaf		ate Hospi	•	ח ז דמ			
			M	n "ARPTAND"	**************************************	eraa-roofs1	L.COUL	X=1=2X			
PHYSICIAN'S NAME (Type)	Rita S. Glah			Sykesvi	lle, Ma	ryland		***			
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREOF	59 SACRED		CREMATORY FART CEN	. 1	TION (City, town,	or county)	Ro. Mo			
23. EUNERAL DIRECTOR	S SIGNATURE 9	OIS, CONY	LIN	16 57 24a. R	EC'D BY REGIST		STRAR'S SIGN				
Milyanus .	4 COUNTY	BALTO.2	-4-	DATES	SEP 4 J						

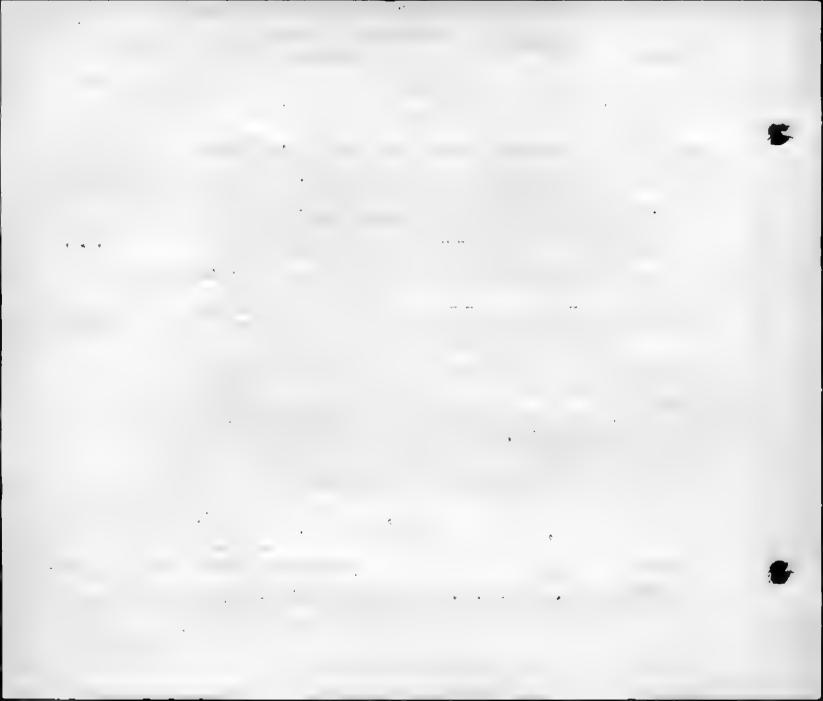
may be retained by the hospital or attending physician.

TO FUNERAL

CTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove cachon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 plans after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

> VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10096

CERTIFICATE OF DEATH

Rea. Dist. No.

		700							teg. Dist. r	10.	
1, PLACE OF DEATH					USUAL RESIDENCE	E (Wher			: Residence b	efare admissian)	}
_	roll		MARYLA	AND	Marv	rlan		. COUNTY	Carroll		
b. CITY OR TOW RURAL and giv	(If autside corporate lim nearest tawn)	its, write c	LENGTH OF STAY IN	1 1b	c. CITY OR TOWN					neorest town}	
Westmir	ster,		8 months	\perp			ster				
OR INSTITUTION	SPITAL (If not in haspital, s	give street addi	ress)		d STREET ADDRES	SS				e IS RESIDE	
	Nursing Home				Rura	al				YES 🔲 N	IO 🛅
3. NAME OF DECEASED	Fi	rst	Middle		Lost	1	1. DATE	Manth		Day Year	r
(Type or print)	Saral	n	Ann		Sell		OF DEATH	Septem	ber 2	3. 19	59
i. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8, D	ATE OF BIRTH		9. AG	Elle veors IF		AR IF UNDER 2	m- r-
Female	White	WIDOWED F	_		av 13. 18	₹65	lost	birthday) A	Manths Day	s Haurs	Min.
Oa. USUAL OCCUP	TION (Give kind of work	done 10b, KIN		2021		. 10	foreign country)	/	12 CITIZEN	OF WHAT COU	INTRY
during most af v	vorking life, even if retired	h [_					,,		U.S	A	
HOUSEWO	1 K	UN	n home	14	Maryla		MF		0.0		
	h C-33										
	b Sell EVER IN U. S. ARMED FOR	ocesa la cos	TAL CECURITY NO	l WISO	Elizab	oetn	Hesson				
(Yes, no, or unknown)	(If yes, give wor or dates of s	service) 16. SOC	IAL SECURITY NO.					Addres			
no	<u> </u>	no	ne	Mr. I	doward Ma	aus,	R #7, W	estmin	ster,	Marylan	d
Canditians, i gove rise to cause (a), stati lying couse la	ng the under-	ge	relating to DEAL	SIA BURNE	ed ar	tenan	ETLAS	elle	resis	24	L/S
CATIO	Sinck stoletine All Park	0 00		A SOLINO	KCONTO TO THE	LEKAMIN	AL DISEASE CON	DITION GIVEN	4 na Lwki 110	PERFORM	ED?
OR CONTRIBUTI	WAS UNDERLYING AND CAUSE OF DEATH (FY MEDICAL EXAMINER)	20b DESCRIB	E HOW INJURY OC	(E	nter noture of injur	ry in Pa	rt I ar Part tl af i	item 18.)			
20c. TIME OF IN Have a.	π. 10	While at wark	Nat while		OF INJURY (Home, street, affice bldg		20f. (City ar tov	vn)	(Caun	ty)	(State
21. I certify olive on ACTUAL SIGNATURE	that I attended the	deceosed 1. 12.5.9	from San		, 19 5 0, 18 curred at 3		, from the coorses (Street, co	ouses ond	on the do	ow the dece the stated of PATES	
PHYSICIAN'S NAME (Type)	EREES	EY	ILKE	en.	XA	D	Na	nin	ton	whi	4
REMOVAL (Spec		OF 22	Renat Cor				2d LOCATION ((State)	
Buria:	OD'S SICHATURE		Baust Cer	neter			Tyrone,	Carrol		M	
13. FUNERAL DIRECT		0	ADDRESS		240.	SEP 2	8Y REGISTRAR	24b REGISTE	RAR'S SIGNA		
	ss & Son	Та	nevtown	[vrral	and DAT	K.P.1 ,		- 7.50 %	I ADE / ULAM	4	

filled in by the funeral dimtor, ages I and 2 shauld be filed with 10 HOSPITAL O. ATTENDING PHYSICIAN: The law requires that the death amiticate be executed within 24 hours may be retain y the hasp tall or attending physician.

TO FUNERAL DYACCTOR: After this certificate has been signed by the attending physician and coppage 3 shauld be detached far use as the burial-transit permit. Then please remave carban plit the registrar priar to burial, crematian, or remaval, and in any event within 72 haurs after deatheater. VS A1S (4) 1SM 9/S8



FOR STATE TO DEPUTY DIEAL MANUEL This certificate should be essented within 24 hours after death. If any defended necessary, please executed size certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funery actor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. M VS. A15ME

5M 7/59

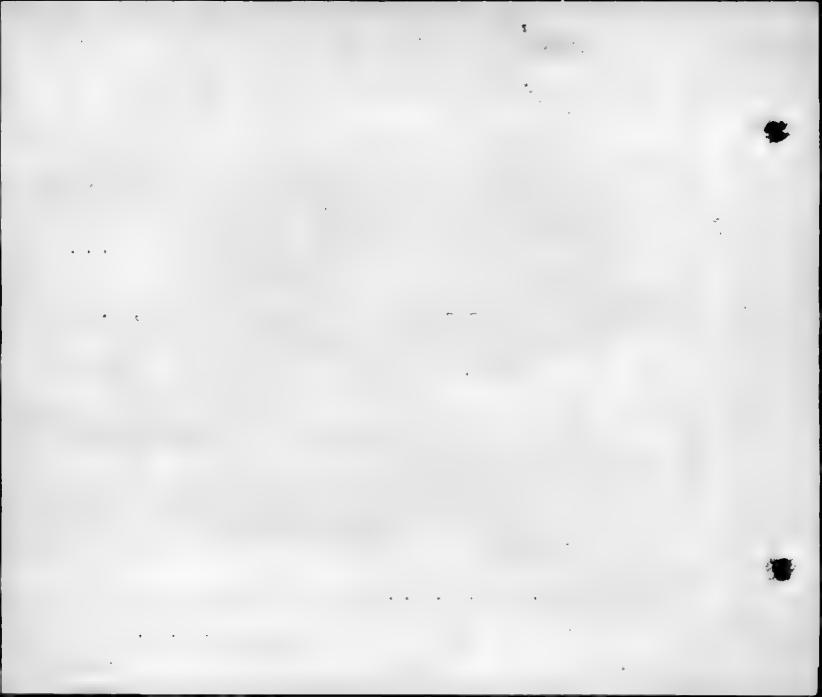
3.

15. (Yes

MEDICAL CERTIFICATION

220.

MARYLAND STATISTICAL RESEARCH AND RECO	TE DEPARTMENT OF HEALTH ORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14 ER'S CERTIFICATE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before admission)
a. COUNTY	a. STATE b. COUNTY
Carroll MARYL	Tight A traiting
b. CITY OR TOWN (if outside corporate I mils, write RURAL and give neerest town)	IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Manchester	Manchester
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres	s) 1 d. STREET ADDRESS e. IS RESIDENCE
10 Nove Change	12 New Street
12 New Street 3. NAME OF First Middle	
DECEASED	OF
(Type or print) LEROY ARNOLD	SHORB DEATH September 18, 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	19. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	Months Days Hours Min.
Male White W DOWED DIVORCED	1 11/25/h2 1 16 yrs. 1
done during most of working life, even if retired)	NDUSTRY 11. B RTHPLACE (State or fore gn country) 12. CIT ZEN OF WHAT COUNTRY?
student	Maryland U.S.A.
13. FATHER'S NAME	Maryland U.S.A.
Charles Shorb 15. WAS DECEASED EVER N.S. ARMED FORCES? (Yes, no, or unknown), (Hysegiva-werordstesofservice)	Elsie Markle Address
218-40-2303	Charles Shorb Manchestern Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
IMMEDIATE CAUSE (e) Massive subarac	nnoid nemorrnage
	enital aneurysm with anterior cerebral
Conditions, if any, which \ (b) artery.	
geva rise to immediate cause	_
(a), staring the unicertying	
causa last, (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH	YES XX NO
200 EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCC	URED. (Enter nature of injury in Part I or Part II of Itam 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
4	
	Da. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stele) factory, streat, office bldg., atc.)
Hour a.m. While Not While at work at work	raciony, stream, other study, are.)
	The state of the s
21. I certify that I took charge of the remains described about	
death resulted from. /Natural causes X. Accident	Suicide . Homicide . Undetermined manner
1. 1. 1.	CHIEF MEDICAL EXAMINER
ACTUAL ////	ASSISTANT MEDICAL EXAMINER X
SIGNATURE COLL SOLLS	M,D.
EXAMINER'S	DEPUTY MEDICAL EXAMINER 9/19/59
NAME (Type) William V. Lovitt, Jr., M.I	Address (Street, city, town, or county)
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEME	TERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele)
REMOVAL (Specify)	3(0)-3
Burial 9/21/59 Manchester	Manchester Md
Z3. TUNERAL DIRECTOR ADDRESS	TED 9 9 tra
Edward C. Tipton Hampste	ad DATE Caring & Kinus



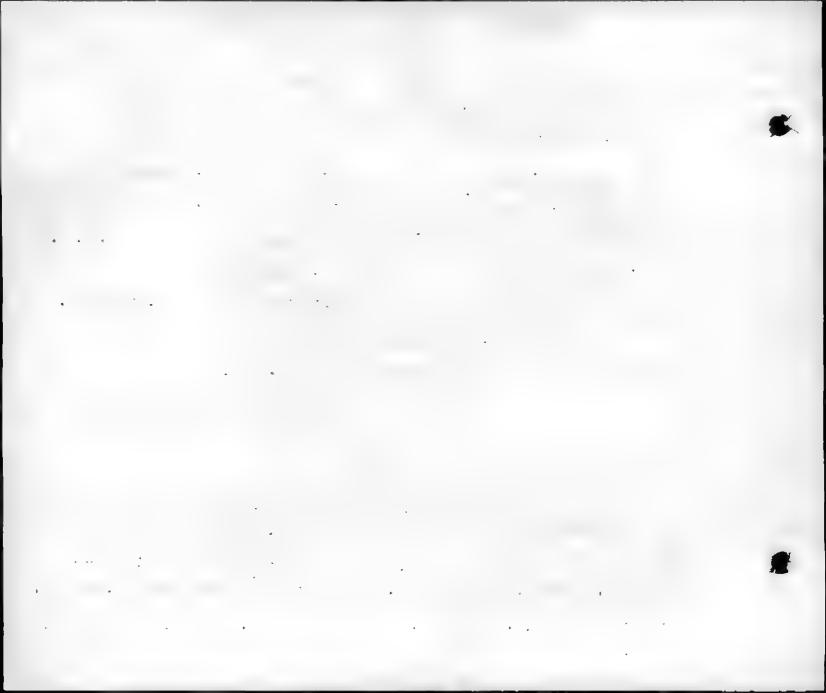
VS A15 (4) 15M 9/58

10135 CEPTIFICATE OF DEATH **CERTIFICATE OF DEATH**

10115

Reg. Dist. No.

						_				
1. PLACE OF DEATH a. COUNTY	Carroll		MARYLA		USUAL RESIDENCE (W) STATE Maryla					odmission) County
b. CITY OR TOWN RURAL and give Henr		s, write	LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If a		orote limits, write l	RURAL ond	give neare:	st town)
d NAME OF HOSE OR INSTITUT OF Henryt	on State Hos	ve street i	address)		d. STREET ADDRESS River	Road	-		-	IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print)	firs The	mas	Middle		Simms	4. DATE OF DEATH	Septe		Day	Year 1959
5 SEX Male	NY	7. MARR	DIVORCED		ate of Birth	33	9. AGE (In years lost birthdoy) 70 yrs	Months	$\overline{}$	Hours Min.
during most of wa Day	ION (Give kind of work dorking ife, even if refired)		KIND OF BUSINESS OR REPORTED POUL	try	11. 8IRTHPLACE (Slote Maryls	or foreign o	country)	12.CIT	U. S	· A.
13. FATHER'S NAME	Simms			1	4. MOTHER'S MAIDEN N		ins			
	/ER IN J. S. ARMED FORCE (If yes, give wear or dictes of se		SOCIAL SECURITY NO.		rmant homas Simms		Ado	ralsb	urg, l	Md.
Conditions, if gove rise to couse (o), statin lying couse los	immediate DUE TO		r advanced		-					WAS AUTOPSY PERFORMED? YES NO F
PART II. O	IG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Yea		NURY OCCURRED 20	e. PLACE	OF INJURY (Home, farm, street, office bldg., etc.	n, 20f (Cit		((County)	(Stote
21. I certify alive an Sex	10	deceas 195	ed fram August on and that d	eath ac		M, fram ADDRESS (S	the causes and street, city or town on, Maryl	nd an th , stote) and	e date s	stated abave DATE SIGNE 7–59
220 BUR AL, CREMAT REMOVAL (Specif Burial			St. Paul				Federal			(Stote) yland
23. FUNERAL DIRECTO	tom and Son,	Fede	ADDRESS eralsburg, M	lary1	and PATE F	D 8Y REGIS		ISTRAR'S SI		ul.





10117

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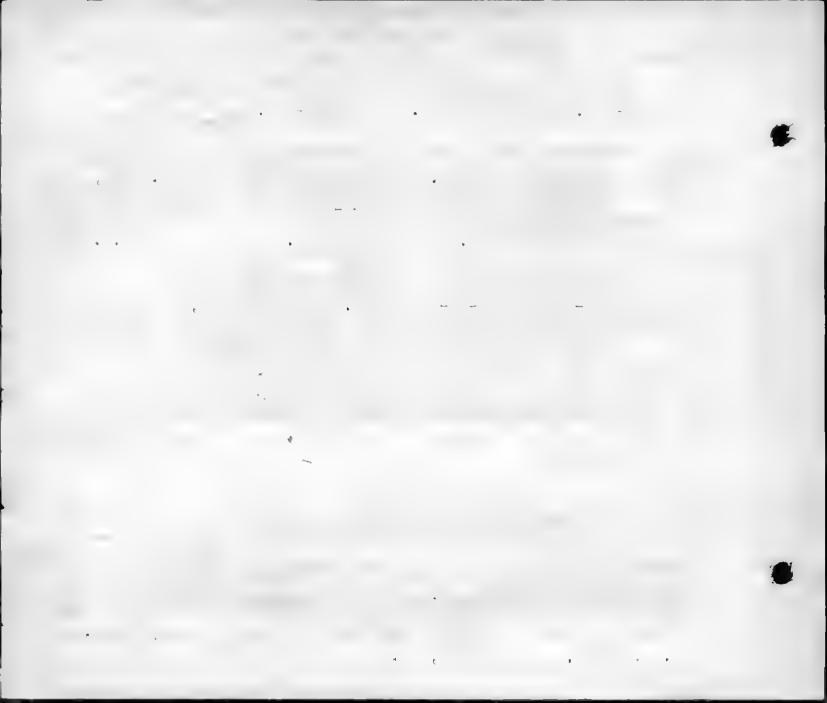
arthur & Kings

		111111					n i	ed: nin: i.	10.	
1,	PLACE OF DEATH	arroll	MARYLAN	- 11	USUAL RESIDENCE (Who o. STATE Mary		. If institution b. COUNTY		fore admis	
	b. CITY OR TOWN (IF RURAL and give ne Sykesvil		23 days	b	c. CITY OR TOWN (IF or Baltimor	_	nils, write RURA	L and give i	nearest tow	n)
	OR INSTITUTION	AL (If not in hospital, give streeteld State Hos			d. STREET ADDRESS 6500 Lehm	ert Aven	ue		ON A	SIDENCE A FARM? NO IX
3.	NAME OF DECEASED (Type or print)	First Myrta	Middle Isabel	S	nider	4. DATE OF DEATH	Month Septem		Day	Yeor 1959
	sex Female	772 4 4	ARRIED NEVER MARRIED DIVORCED	_	uly 23, 187	8 9. AG	1 1 1 1	UNDER 1 YE.		-
	USUAL OCCUPATO during most of work Nurse	IN (Give kind of work done 10 ing life, even if retired)	b. KIND OF BUSINESS OR IN	DUSTRY	Illinois	_		12. CITIZEN	J.S.A.	
13.	FATHER'S NAME			1.	4. MOTHER'S MAIDEN N	AME				
	Albert Sni	.der			Sara Mill	er				
		IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	INFO	RMANT		Address		-	
4.4	No	r yes, give wor or boles or service)	-	Spri	ngfield Hos	pital Re	cords			
	18 CAUSE OF DEA	TH [Enter only one couse per	line for (o), (b), and (c)]					15	TERVAL BI	ETWEEN
	PART I. DEA	TH WAS CAUSED BY	Arteriosclero	tde	heart disea	20		0	Year	
	11111 4	DUE TO	MI OBI LOUGECI O	<u> </u>	incar a minea	99			001	
	Conditions, if or	w which t	Chronic nephr	000	arosis				Year	na
	gove rise to in	nmediate (DUE TO	OIL OLLE HEDIL	0501	-01 0219				1001	. 9
	lying couse lost.	lhe under-								
CATION		ER SIGNIFICANT CONDITION SOCIATED WITH	S CONTRIBUTING TO DEATH	tic	RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIVEN	IN PART 1(o	19. WAS PERFO	AUTOPSY ORMED?
CERTIFIC	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED (E	nter noture of injury in P	art I or Part It of	item 18.)		113 (2	<u> </u>
MEDICAL .	20c TIME OF INJURY Hour o.m.	Wh			OF INJURY (Home, form, , street, office bldg., etc.)		wn)	(Count	ty)	(Stote)
~			ased from August	11.	10 50 to Se	ntember	7.1059 14	at I lock a	au the	dagagesd
	alive an Sep		-4 -		curred a6 20A	_				
		1	4 4 0			DDRESS (Street, o				TE SIGNED
	ACTUAL	gustin e	all Carry	28.0	Springfiel	d State	Hospita	1	9/7/	/59
_	PHYSICIAN'S NAME (Type)	Agustin delC	ampo, M.D.		Sykesville					
220	BURIAL, CREMATION	8-9-59	ZZC. NAME OF CEMETER	Y OR CR	EMATORY COM.	22d. LOCATION (City town, or c	ounty)	87 /3°	7.
23.	FUNERAL DIRECTOR'S	S. SIGNATURE	ADDRESS	1/1	240. REC'E	BY REGISTRAR	24b. REGISTR	AR'S SIGNA	TURE	



DATE

death certificate be requires that the



X		м 1(
1)	1. PLACE OF DEATH COUNTY GETTO31	

CERTIFICATE OF DEATH

10119 Reg. Dist. No.

1		COUNTY	******	o. STATE	b, COUNTY	pri. Residence Derore dumission)
		Sarrobl	MARYLAND	Maryland		Baltimore /
		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate limits, write R	URAL and give nearest town)
	1	vkesville	8 days	Baltimore	22	4 4
15		d. NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
'		Springfield State Hospita	1	2939 Liberty	Parkway	YES NO
	3.	NAME OF First	Middle	Last	4. DATE Mon	th Day Year
		DECEASED (Type or print) E.T.S. 1 Income.	T 4	37 3 Too	OF DEATH O	6 1959
		Wi Hollie	Lenonard	Vogel Jr.	7	IF UNDER 1 YEAR IF UNDER 24 HR
	5. :	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years last birthday)	Months Days Hours Min.
		male white WIDOWE		5/17/18	41 yrs.	3 20
1	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			or foreign country)	12 CITIZEN OF WHAT COUNTR
h /	_	Steel Worker 5/	ELL MFCK	Pennsylvan	ia	U.S.A.
	13.	FATHER'S NAME	•	14. MOTHER'S MAIDEN NA	AME	
	1	Wilbur Lennerd Vogel, Sr.		Esther Rv	mond	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO	INFORMANT	Baltimore	8" 22. Md.
	,		68-18-6802 W	ife- Irene Vog		
		18. CAUSE OF DEATH Enter only one couse per lin		TIG- TIRMS ANK	B1 27.77 III.BI	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
		IMMEDIATE CAUSE (a) UBIT		reas with meta	istasis	months
		/ 7× DUE TO in .	Har a nd Lun	රසිය		
		Conditions, if any, which)				
		gave rise to immediate				
		cause (a), stating the under: DUE TO				
	l_	lying cause lost. (c)				<u> </u>
	Z O	PART II. OTHER SIGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	'EN IN PART I(0) 19 WAS AUTOPS PERFORMED?
Alice-	3					YES A NO
	III.	20a ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art For Part II af item 18 }	
	CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	Ĭ.₹	20c. TiME OF INJURY Month, Doy, Year 20d, In	JURY OCCURRED 20e Pt	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stot
	MEDICA1	Haur a.m. While	Not while fo	octory, street, office bldg., etc.))	(4444)
	Σ	p. m. Iy at worl	t at work		}	
		21. I certify that I attended the decease	ed fram 8- 29	- 19 59 to 9-6	5- 19 59	that I last saw the decease
		alive on 9-6-	9 and that death	5 A		d an the date stated abov
			A a l		ADDRESS (Street, city or town,	
		ACTUAL Placestre 110	V 11		' '	4
		SIGNATURE OF SIGNATURE	Carreto	M.D. Springilel	d State Hospi	car 3-0-23
		PHYSICIAN'S	Y D			
•		PHYSICIAN'S Mgustin del Campo	. M.D. /	Sykesville	Maryland.	
	220	BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY C		22d. LOCATION (City, town, o	or county) (State)
	1	gemova (Specify) 0/9/59	120-mail + 17	FOID DE	Attended 12 10 . 5	LAGAINIA
	22	FUNERAL DIRECTOR'S SIGNATURE	A ADDRESS	HENT TYTEN	NUTTIN LITAUL	STRAR'S SIGNATURE
	23	TOTAL DIRECTOR'S JONATURE	ADDRESS A A A	11 11 11		
-	Mary.	WIT Winter Indocate	7 , Kurally	DATE SE	9 '59 Q	Chur & Kraus

requires that the death certificate be executed within 24 haurs and campletely filled in by Then please remave carban papers. event within 72 haurs after cearth y the haspital ar attending physician TOR: After this certificate has been signed by the attending physician detached far use as the burial-transit may be retain to the haspi

TO FUNERAL Dix-CTOR: After

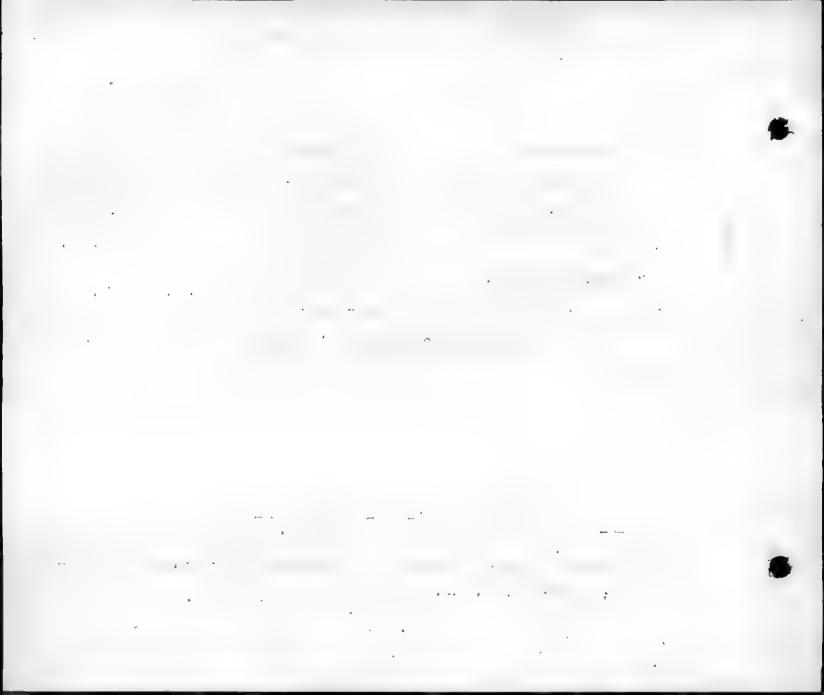
Ilage 3 should be detached for the registrar priar fa burial, c

VS A15 (4) 15M 9/5B

remayal,

filed with

death. Page 4 uneral director,



anevtown. Maryland

DATE SEP 1 6 '59

arthur S. Kraus

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executed

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deoth

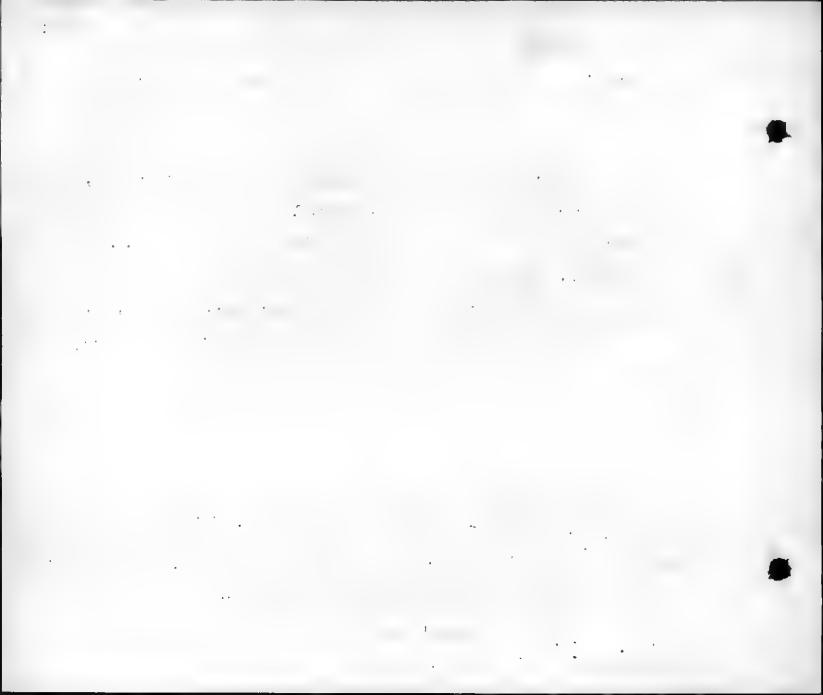
g physician. has been sig attending b hospitol After this

VS A15 (4) 1SM 9/SB

Ureven

& Son

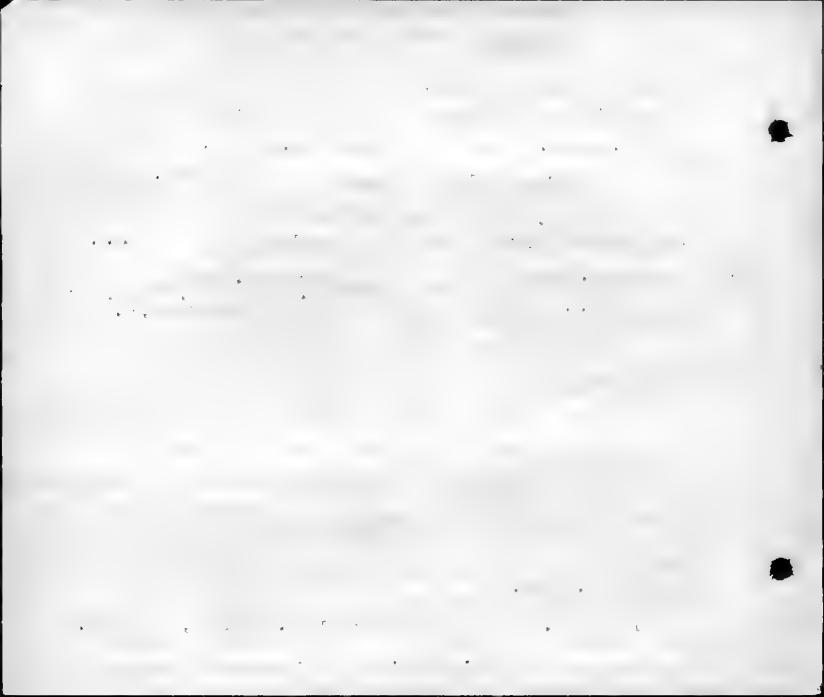
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	10097	CERTIFICA	AIE OF DEAIR	1	Reg. Dist. No.					
	1. PLACE OF DEATH o. COUNTY Carroll County	MARYLAND	2. USUAL RESIDENCE (Who. STATE Marvl	b. COUNTY	con: Residence before admission)					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	- N-	utside corporate limits, write R						
	Westminster	life	Wes	tminster						
	d. NAME OF HOSPITAL (IF not in hospital, give stree OR INSTITUTION 265 E. Main St.		d. STREET ADDRESS	Main St.	e. IS RESIDENCE ON A FARM? YES NO BU					
	3. NAME OF DECEASED First	Middle	265 E.	4. DATE Mor						
	(Type or print) George			OF	13th 195919					
			8. DATE OF BIRTH	9. AGE (In years lost birthday)						
		VED DIVORCED	TT/22/ TOT	12.0						
	100. USUAL OCCUPATION (Give kind of work done 10	. KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTRY					
	during most of working life, even if refired) OWNER operator of service	e station	Marylan	d	U.S.A.					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME						
)	Charles W. Wagner		Managan	et M. Grabbs						
		S. SOCIAL SECURITY NO. 17. 1	Manabel G. Wa	Add	min St. (wife)					
	yes W.W.II	15-18-192	SETTIMOUS OF HE	Westminst						
	18. CAUSE OF DEATH [Enter only one couse per	ling-for (o), (b), and (c).]	A 1	~	INTERVAL BETWEEN					
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	nova	- Occh	isin.	ONSET AND DEATH					
	THE OLUME TO	-	X	-						
	Conditions, if ony, which (b)		0							
	gave rise to immediate DUE TO									
	lying couse tost. (c)									
	PART II. OTHER SIGNIFICANT CONDITIONS PART III. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	VAL DISEASE CONDITION GIV	VEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO 10					
	E 20a ACCIDENT WAS UNDERLYING 20b. DI	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort 1 or Port II of item 18.)	1.5 THO ELD					
	OR CONTRIBUTING CAUSE OF DEATH									
	20c, TIME OF INJURY Month, Day, Year 20d,		ACE OF INJURY (Home, farm, clary, street, office bldg., etc.	20f (City or town)	(County) (State)					
	p. m. 19 of w	ork ot work								
	21. I certify that Tattended the dece	sed from May	10, 1951, to a	21/13,195	that I last saw the deceased					
	alive on <u>Set</u> 12, 19	57 ond that death	occurred at 5 25	M, from the couses o	and on the date stated above					
-	ACTUAL CIO	1 1/2	11/1	DDRESS (Street, city or town,	stote) DATE SIGNED					
	SIGNATURE JULIUS CHI	10100	M.D. VV9VULL	mb nel	9/14/54					
/	PHYSICIAN'S NAME (Type) Chepko.	f								
	220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL Specify) Sept. 16th	22c. NAME OF CEMETERY OF STREET OF S	R CREMATORY Momorial Come	22d. LOCATION (City, town,	or county) Carroll Co. Md					
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 245. REGIS	STRAR'S SIGNATURE					

TO FUNERAL EXTOR: After this certificate has been signed by the ottending physician and completely filled in b funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 harfs after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 TO HOSPITAL OR VS A15 (4) 15M 9/55

8.16



10141

CERTIFICATE OF DEATH

10122

TOTAL	- CERTIFICA	TIE OI DEAII	<u> </u>	Reg. Dist. No.						
PLACE OF DEATH o COUNTY		2. USUAL RESIDENCE (WI		on: Residence before admission)						
Carroll	MARYLAND	o. STATE Maryl	and 6 COUNTY	Carroll						
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits, write RU	URAL and give nearest town)						
Sykesville	l8yrs.7mos.11	days X Manch	ester							
d. NAME OF HOSPITAL (If not in hospitot, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARMS						
Springfield State Hosp:	ital	/ None		YES NO						
NAME OF First DECEASED	Middle	Last	4, DATE Mont	th Day Year						
Type or print) Cora	V.	Warner	DEATH Sept	ember 3, 1959						
6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (in years lost birthday)	IF JNDER 1 YEAR IF JNDER 24 H						
Female White WIDOWN	ED DIVORCED	Unknown	76 yrs	Months Days Hours Min						
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTE						
None	-	Maryland		U.S.A.						
FATHER'S NAME		14. MOTHER S MAIDEN N								
George L. Warner		Maudy Hei	ndel							
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT . Address (Yes, no, or unknown) [(If yes, give wor or dotes of service)										
No Springfield Hospital Records										
1B. CAUSE OF DEATH Enter only one couse per lin	ne for (a), (b), and (c).]			INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	etastatic carc	inoma of both	lungs	Months						
170 X DUE TO										
	arcinoma of le	ft breast whi	ch was removed	by Years						
gove rise to immediate couse (o), stating the under-										
lying couse lost. (c)										
Part II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I Psychosis with organic changes of the nervous system.										
	Citatiges or one	Her vous syst		YES 📆 NO [
LOR CONTRIBUTING TI CAUSE OF DEATH 1	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)							
(IF EITHER, NOTIFY MEDICAL EXAMINER)				_						
Hour o. m White	E.	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (Sto						
30 111110										
Hour o. m While Not while Foctory, street, office bldg., stc.)										
alive on September 3, 195	2, and that death	accurred at 10:10	R, fram the causes and	d on the date stated ab						
if and			ADDRESS (Street, city or town,							
SIGNATURE / Pauleiles Mys	agro MUD.	M.D. Springfi	eld State Hosp	ital 9/4/5						
PHYSICIAN'S Transpage Marma	/	-								
PHYSICIAN'S Francesco Magro	, M.D.	Sykesvil	le, Maryland							
BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d LOCATION (City, town o	or county) (State)						
Bures 9/7/59	Reforme	el.	Manchester	Carrollo M.						
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE						
41118 07716	Allen Rock	Far DATE S	EP 9'59 C	witness & Krous						

TO HOSPITAL TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauritating death. Page 4 may be related the haspital ar ottending physician.

TO FUNERAL FOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 faurs after death.

VII A1S (4) 1SM 9/58



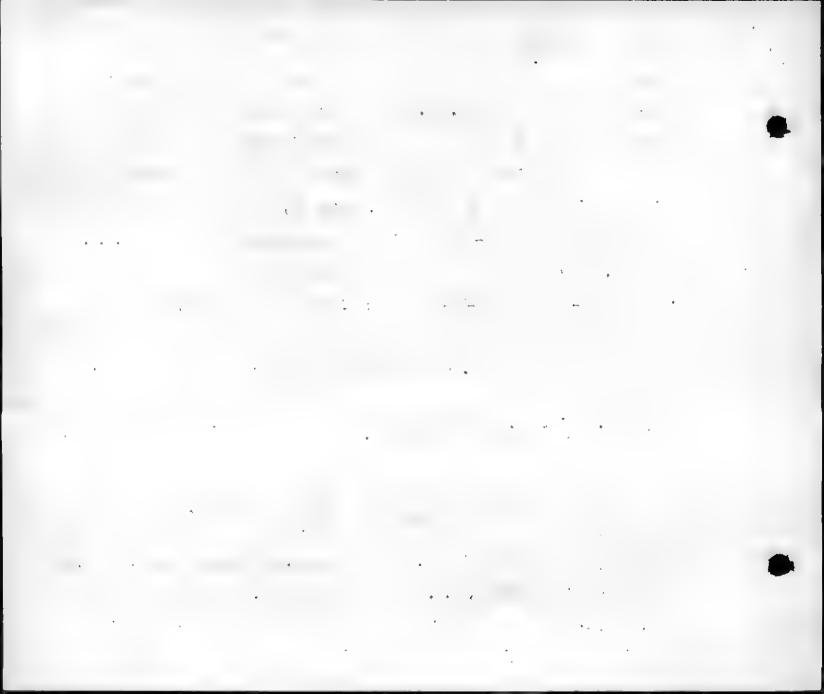
		1014	3	CERTIF	CAIE	OF DEA	IH		Reg. Di	st. No.		
1. P	Carroll			MARYLA	up 0. ;	VAL RESIDENCE (STATE Maryland	Where decease	d lived. If institut b, COUNTY MON			e odmiss	sion)
b		outside carporate limi	ts, write	c. LENGTH OF STAY IN	1b c.	CITY OR TOWN (If outside carpo	prote limits, write I	-	-	rest fown	٦)
	Svkesvill			2yr.7mo.13d	ays :	Silver S	oring		15-		s Cur	
d	OR INSTITUTION	At (If not in haspital, g		address)	d.	street address 3003 Kin		Drive			. IS RES ON A YES [FARM?
3. <u>N</u>	NAME OF	Fire	st	Middle		Lost	4. DATE	Mo	nth	Day	,	Year
	DECEASED Type or print)	Char	les	Encell	e W	aynan	OF DEATH	Sept	ember	2		19 59
5. S	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE	OF BIRTH		9 AGE (In years	IF UNDER		IF UNDE	
	Male	White	WIDOWE			wee 10.	1879	last birthday)	Manths	Days	Hours	Min.
0a.	USUAL OCCUPATION during most of work Draftsman	ing life, even if retired	MAC	KIND OF BUSINESS OR I	NDUSTRY 11	BIRTHPLACE (SIG				S.A		COUNTRY
3. I	FATHER'S NAME		- 1		14 A	AOTHER'S MAIDE					•	
	Thomas E.	Wayman				Alice B	rock					
(Yes,	No (IN U.S. ARMED FOR If yes, give wer or dotes of a	23	SOCIAL SECURITY NO. 6-16-6778 e for (a), (b), and (c).]	Spr.		Hospit	al Recor	dess de	INTE	RVAL BE	TWEEN
	PART I. DEA	nmediole	D47	ite prostati		ess ve nephr	itis			W	eeks	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
MEDI	Hour o.m.	Month, Day, Yea	While of work	Not while of work	factory, str	INJURY (Home, fo	elc.)	y or town)		County)		(State
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	quatri gustin del	, 19 Camp		eath accui	Spring	P_M, from ADDRESS (S field S ille, N	the causes are treet, city or town, tate Hos	nd an the state) p ital		stated DAT 9/3/	d above re signe 59
720. T	REMOVAL (Specify)	URIAL 9/5/	/59	Woodlawn	Cemeter	У	Fairm	TION (City, lawn, ont, West	t Virg			re}
237/	HNEEN DIRECTOR	DIMPHREY. IN	IC. S	SILVER'S SPRIN	IG. MD.	24a RE	C'D BY REGIS	TRAR 24b REG	ISTRAR'S SI	GNATUR	E	

after death. Page 4 ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retain the hospital or attending physician.

TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detached for use as the burial-transit permit. Then please remove carban the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after de

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TO HOSPITAL O VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

101/2

CERTIFICATE OF DEATH

10124

	TOTAO		CERTIFIC	AIL OI	P	•		Reg. Dist	. No.	
1. PLACE OF DEATH b. COUNTY	Carroll		MARYLAND	2. USUAL RES	Mary L	_	lived, If institution b. COUNTY		imore	
B. CITY OR TOWN (I RURAL and give no Sykes)		- 4	2 v 3 m 1 d	c. CITY OR	Balti		to limits, write R	URAL and gi	ve nearest	town)
d. NAME OF HOSPIT	field State	jive street o	address)	d. STREET	ADDRESS					S RESIDENCE ON A FARM?
	*** **** **** ************************					East Av				S NO
3. NAME OF DECEASED (Type or print)	Paul		Matilda	Wieg		4. DATE OF DEATH	Sept	mber	Day	Year 1959
S. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	8. DATE OF BIRT	ГН	9	. AGE (In years lost birthday)			UNDER 24 HRS.
Female	White	WIDOWE	D DIVORCED	Octobe	r 5. 3	1881	77 yn.	Months (Doys Ho	ours Min.
during most of work House	king life, even if retired	done 10b.	KIND OF BUSINESS OR INDE		ACE (Stole		ntry)		U.S.A	HAT COUNTRY
3. FATHER'S NAME	NALC			14. MOTHER					0.0001	
	Karl Ger	doof			Man	ria Lem				
No	R IN U. S. ARMED FOR	ICES? 16. Services	14-05-7901	Springf			ospital		d	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (A		e for (a), (b), and (c).]						ONSET	AND DEATH
422,1	DUE TO		orzisckoritia	Arterio	scler	otic Ca	rdiovas	cular	ve	
Canditions, if a)(Diseas	8					
cause (a), stoling lying cause last.										
PAM II. OTH Chrond psychological Control of Chrond psychological Control of C	lc brain sy	ndrom	ONTRIBUTING TO DEATH BU O ASSOCIATED RIBE HOW INJURY OCCURRI	with sen	ile br	rain di	sease, T	en in part vith	P	VAS AUTOPSY ERFORMED? S NO
20c. TIME OF INJUR Hour o.m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye	While of work	Not while fo	LACE OF INJURY octory, street, offic	e bldg., etc.	.)			ounly)	(State)
	tember 1.	195	11/11		10:00	AM, from		nd on the		
	onstantin			is the same who does who dide on	Sykes		Marylar			
220. BURIAL, CREMATIO REMOVAL (Specify)	9-5-	59	22c. NAME OF CEMETERY C	OPEC !		Free	ON City, town, a	recel	16,	(State)
23. FUNERAL DIRECTOR	S SIGNATURE	kt.	Appleseille	y med.	240. REC'	D BY REGISTR		TRAR'S SIGI		-(3)

D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

D FUNERAL CTOR: After this certificate has been signed by the altending physician and campletely filled in the funeral director, page 3 shound be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs offer death. TO FUNERAL
page 3 should TO HOSPITAL

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VS A15 (4) 15M 9/SS

I C SHOMFLANG - HICLASH RO THEM DIA TATE ON ALYMANI	
19148 CERTIFICATE OF DEATH	
The same of the sa	

10144 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 e funeral director. 090 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour may be reliable by the hospital or attending physician. TO FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and the registrar prior to burial, cremation, or remayal, and in any event within 72 hours, they death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10125

D. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased tived. If institution, residence before admission) 5. COUNTY (Machine Deceased tived.)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Company of the	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ANAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FOUR LOW, House	d. STREET ADDRESS o. IS RESIDENCE on A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type of print) EDWARD - JANIED -	WISE 4. DATE South South 8 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Self 4-1867 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HIS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most obsertking life, even if retired)	med WSA
13. FATHERIS NAME LEOYGE L Wise	14. MOZHER'S MAIDEN NAME Eva M Kolice
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 [Tex. no. or unknown] [Tex. no. or unknown] [Tex. no. or unknown]	no Clevere Willer - Hampsterd Well
18. CAUSE OF DEATH [Enter only one couse per line for (6), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	my accordition. Interval BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	E Coudis Vocarles Dessire
CATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING TO CAUSE OF DEATH	D. (Enter noture of injury in Port I or Port II of item 18.)
TOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 19 of work of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
18/01	accurred at SIAM, from the causes and an the date stated above. ADDRESS (Street, city or town, stolet) DATE SIGNED
BMYSICIAN'S LOSEPH E. BUSH 119	Manpstead Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. ADCATION (City. 10wn. or county) (Stole) Streety Church RD MILE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Eder Whipton Hampetead	Md DATESEP 11 '59 Outling & House

VS A15 (4) 15M 9/55

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